

Please consider taking some time to complete the Social History template. It is one way we and your other care partners can get to know you better and provide you the best possible care.

Completing this form is **voluntary**. Not all parts of the template need to be completed. You can choose to fill in only those sections that you think are important for the people caring for you to know. You may want to ask a family member or a friend to help you fill it out.

You can keep this social history and decide who to share it with.

The information you share or your decision to share it in no way affects access to your services.

Family (Related or Chosen) History:

- This may be family by birth or by choice. Not all people have close ties to their related family. Chosen family might include unrelated individuals chosen to replace family (e.g. LGBTQ2SA+ community members, friends, etc.).
- Place of birth? Raised (e.g. town, city, details about childhood home, etc.)?
- Special pet(s)? Type? Name(s) (e.g. ‘Ginger’ Golden Retriever, ‘Puddles’ family cat, etc.)?
- Places of Residence (e.g. towns/cities client has lived in throughout lifetime)

Relationship History:

- Married/Common Law/Domestic Partnership? (name of spouse/significant other, date of wedding/ceremony/anniversary); Divorced/Single/Widowed (date)
- Children? Name(s) and current place of residence?
- Grandchild? Name(s) and current place of residence?

Life Work:

- Education/Certificates/Courses (e.g. diplomas, degrees, speciality training, etc.)
- Share life work/occupation (e.g. stay at home parent, factory worker; shift worker, nurse, teacher, labour worker, etc.)
- Community Involvement/Volunteer Work (e.g. Lions Club, Ladies Auxiliary, hospital volunteer, etc.)?

- Wartime Experience? (If so, does client enjoy discussing military experience?)
- If the individual is pediatric, include information about school such as favourite subjects, teachers, friends, etc. in the Additional Information section.

Spirituality or Religion:

- Include any religious affiliation(s) and/or beliefs.
- Has religion or spirituality played a role in the person's life? (What provides a sense of purpose, meaning or source of energy? What do they value? Important traditions? Specific holiday celebrations? Key generational practices? Daily rituals, readings, meditation, etc.?)

Personality:

- Dominant personality qualities? What words describe client best (e.g. easy going, worrier, family focused, humorous, etc.)?
- Has personality changed over time/since illness? Discuss potential changes (e.g. private, gruff, impatient, nervous, etc.).

Significant Life Events:

- Accomplishments/Achievements (e.g. achievements the person is most proud of)
- Major Life Events/Milestones (e.g. marriage, birth of children, retirement, sporting accomplishment, trips/travel, etc.)
- Dates of significance; (e.g. November 14, 1965 wedding anniversary, etc.).

Significant Low Point(s)/Trauma(s) in Life:

- Are there negative events that may evoke a negative emotional response? It is not necessary to include details of this event, but instead provide key messaging associated with any low point/life trauma (e.g. loss of loved one, financial instability, accident(s), health, etc.).
- What might trigger unpleasant experiences/memories (e.g. people in uniform, dates/holidays, sounds, etc.)?

Coping Strategies & Items of Comfort/Joy:

- How has client coped with stressful situations in life (e.g. journaling, painting, pacing/walking, music, etc.)?
- Validation phrases? (e.g. "The children are OK", "I am hear with you", "Everything will be alright", etc.).

- What brings client pleasure or provides comfort/joy/inspiration (e.g. people, specific items, conversation topics, places, etc.)?

Cultural and/or Ethnic Traditions:

- Are there cultural and/or ethnic traditions, holidays or preferences that are important and care partners should be aware of?

Favourite Hobbies, Activities, & Pastimes:

- Hobbies, leisure activities, and/or interests that could assist with tailoring recreation programming or simply facilitate conversation (e.g. tennis, gardening, reading, nature/outdoors, music, hockey, hunting, shopping etc.).

Food Preferences:

- Unique and/or special dietary preferences (e.g. vegan, vegetarian, gluten free, etc.).
- Mealtime Preferences (e.g. prefers coffee prior to breakfast; one item served at a time; likes to eat alone/with others, etc.)

Daily Routine:

- Typical time waking up
- Morning Routine (e.g. coffee, toast and jam for breakfast, read daily paper, watch the news, etc.)
- Bathing Routine (e.g. Shower? Bath? Sponge bath? Time of day? How many times a week?)
- Daily Activities: activities that typically occupy day such as, walking, gardening, reading, home making tasks, etc.
- Nighttime routine: evening activities to unwind, tasks prior to going to bed, nighttime snacks, etc.

Additional Information:

- Provide any other information or tips that will help a care partner know client better and/or important information not captured in the previous categories.

Thank you for helping us and your other care partners to get to know you better! Please give your social history to your Care Coordinator and/or any other care provider you would like to have this information.