

# *The Mission of the Living History Program®*

*The Living History Program® provides a document that gives basic life information of our patients to enable healthcare workers to provide care to the heart and soul of the person.*

*A Living History increases satisfaction for the patient, family and members of the care delivery team.*

*The Living History provides a mechanism for changing our connections with the people we care for.*

*We learn to understand and appreciate our customers better through the use of their personal stories.*

*The mission of the  
Living History Program®  
is to improve the way we  
care about  
and  
for our customers.*

**The Living History Program ©**  
Storywriter Worksheet

Name (including middle and maiden name): \_\_\_\_\_

Nickname: \_\_\_\_\_

Name likes to be called by: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Where born: \_\_\_\_\_

Any interesting details of birth: \_\_\_\_\_

Parents (names including mother's maiden name): \_\_\_\_\_

Living or Deceased: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

If deceased, when: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Siblings/brothers and sisters (living or deceased): \_\_\_\_\_

(Include where they live, spouse's name, occupations, etc.)

Education history (schools attended, graduated from and when, college, trade school, etc.): \_\_\_\_\_

Employment history (where, what, for how long, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marriage/Relationship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of wedding or other union: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where wed/joined: \_\_\_\_\_

How did you meet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Significant other living or deceased: \_\_\_\_\_  
If deceased, when: \_\_\_\_\_

Second Marriage/union: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other marriages/unions or relationship details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children (names, year born, where they live, occupations, spouse name, deceased or living, etc.): \_\_\_\_\_

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Grandchildren (number of each): boys \_\_\_\_\_ girls \_\_\_\_\_  
Names (optional): \_\_\_\_\_

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Great-grandchildren (number of): \_\_\_\_\_  
Names(optional): \_\_\_\_\_

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Military history: \_\_\_\_\_

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Hobbies, special interests, collections, etc. (past or present):

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Clubs, organizations or churches belongs to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite things:  
Childhood memory: \_\_\_\_\_  
Favorite teacher and why: \_\_\_\_\_  
Vacation or trip: \_\_\_\_\_

Past pet or pets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food: \_\_\_\_\_  
Color: \_\_\_\_\_  
TV show or movie: \_\_\_\_\_

Current favorite pet(s) (name & type): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other interesting facts or stories: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Motto I live by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advice or wisdom I would like to pass along to others: \_\_\_\_\_

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The thing he/she **loves** or **values** most in his/her life: \_\_\_\_\_

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Storywriter: \_\_\_\_\_ Date: \_\_\_\_\_