

Name:

DOB:

Personal Wellness Plan

(Insert Current Photo Here)

Getting to Know Me

Full Name:

I prefer to be called:

The person who knows me best is:

Words I Would Use to Describe Myself:

My Strengths:

Interests and Hobbies:

My Life So Far...

Education/Occupation:

Places I Have Lived:

(Insert Past Photo Here)

Name:
DOB:

Significant People in My Life:

Significant Events, Dates and Experiences:

What Else You Should Know about Me

Things That Make Me Happy or Help Me Relax:

Ways I Show I Care about Others:

Ways I Show I'm in Pain or Distressed:

Things That Upset Me or Make Me Feel Anxious:

Ways You Can Help If I Seem Upset or Distressed:

Personal Belongings I Like to Keep Nearby:

Spiritual/Cultural Beliefs & Practices:

Name:
DOB:

My Daily Routines

Communication, Hearing & Vision:
(e.g. How do you prefer to communicate? What's the best way to communicate with you? Communication/hearing/vision devices or aids? Extra time/support needed?)



Maintaining My Independence:
(e.g. things I like to do by myself, things I need help with; when getting washed & dressed, you may assist me by...; list any preferences with personal care)

How You Can Help with Basic Safety:
(e.g. getting around/mobility needs, cooking/meal prep, etc.)



Sleep and Rest Routines



Mornings:

Afternoons:

Evening/Nighttime:

Sleep Issues:

Name:
DOB:

My Daily Routines (continued)

Food & Drink



My Favorite Foods and Drinks:

I Do NOT like:

Dietary considerations: (e.g. allergies, special diet, choking hazards, etc.)

When eating/drinking or preparing meals, you may help by:

Medications



How I Like to Take My Medication:

I may need help with:

Bathroom & Personal Care



Bathroom Routines/Schedule:

I may need help with:

Other Things You Should Know:

Name:
DOB:

Hopes, Goals and The Future

I am especially grateful for:
(e.g. friends, family members, pets, places, things, etc.)

I am proud of:
(e.g. relationships, accomplishments, personal qualities, community, etc.)

HOPES...

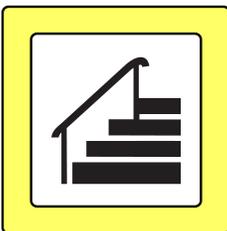
For Myself:

For My Family & Friends:



Ways I've Overcome Challenges in the Past:

New Challenges I Am Facing and Goals I Am Working On:



How I Am Working on These Challenges and Goals:

Who or What Can Help Me with This: