

# My Life Story

INSERT PHOTO

My name:

I like to called:

Date of birth:

# My Family

**Write your parents and grandparents names, their occupation, place of birth, your siblings, children and grandchildren. Include information about any other significant people relevant to your life.**

*Remember to include any photos*

# My Childhood

**Include memories from early childhood - Where did you grow up? Where did you go to school? Memories from school e.g. favourite teachers, friends etc. What was your favourite lesson? What did you want to be when you grew up? Did you go to University? If so – which one? What did you study?**

***Remember to include any photos***

Developed in partnership with Dementia UK

# My Working Life

**Include memories about your first job and other jobs. Did you enjoy your job?**

*Remember to include any photos*

# My Hobbies + Interests

**What do you like doing in your spare time? Do you have any interests:  
(walking, sport, art, going to the theatre, listening to music?)**

*Remember to include any photos*

# My Appearance

**What is important to you about your appearance? E.g clothes I like, dislike. nails, hair styled in a certain way?**

**How do you prefer to be bathed? E.g Shower or bath. What are your favourite soap, perfume or aftershave? Do you have a particular routine in the morning and evening?**

*Remember to include any photos*

# Life Events

**Special memories including events which have had a significant impact on your life. Marriage, holidays travel, war, special birthdays, birth of children/grandchildren, retirement, concerts, football matches. (Only include events which you are comfortable sharing)**

***Remember to include any photos***

# Things I like

**What do you like to talk about? What are your favourite foods? What is your favourite football team? What music do you like? What is your favourite film? Are there any particular smells you like? Include things that make you feel relaxed and happy.**

*Remember to include any photos*



# Things I dislike

**Include anything that you particularly dislike (e.g. certain foods, being touched, topics to avoid etc)**

# **My future care wishes**

**Please write down your future care wishes. Include any plans for end of life care or specific medical advance directives and/or preferred priorities for care.**

**Include information about how to best care for you and who is your Lasting Power of Attorney?**