

# HEALTH CENTER SOCIAL HISTORY



NAME \_\_\_\_\_  
*Last First Middle Preferred*

DATE OF BIRTH \_\_\_\_\_ CITY & STATE OF BIRTH \_\_\_\_\_

## FAMILY HISTORY/PROFILE

Parents names: Mother (include maiden name) \_\_\_\_\_ Father \_\_\_\_\_

Place of birth (City or County and State): \_\_\_\_\_

Ethnic Background (Irish, German, etc.): \_\_\_\_\_

Brothers/Sisters

Name	Deceased?	Living where (city, state)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital Status S M W D Date and Place of Marriage \_\_\_\_\_

First name of Spouse: \_\_\_\_\_ Date of Death \_\_\_\_\_

Previous Marriages (circle one) yes no Date of Divorce \_\_\_\_\_

Feelings about spouse and family \_\_\_\_\_

Children's Names	Deceased?	Living where (city, state)
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EDUCATION & WORK HISTORY/PROFILE

Education: \_\_\_\_\_ Job you retired from: \_\_\_\_\_

Organizations you have been active in: \_\_\_\_\_

Interests or hobbies \_\_\_\_\_

Are you a Veteran? (Circle one) yes no If yes, do you have any memories to share?

Interesting travels, jobs, experiences \_\_\_\_\_

## SPIRITUAL HISTORY/PROFILE

Church \_\_\_\_\_ Active \_\_\_\_\_ Pastor \_\_\_\_\_

Do you want your Pastor notified of your move to Maple Lawn? (circle one) yes no

Do you want to attend community church services? (circle one) yes no

Do you want to attend religious services at Maple Lawn? (circle one) yes no

## OTHER SIGNIFICANT OR CONTINUED INFORMATION

Coping Mechanism: \_\_\_\_\_

Other: \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_