



WESTMINSTER

My Life Story

AUSTIN'S BEST. REINVENTED.



Planning Your Care: Tell Us Your Life Story!

The Memory Support Skilled Nursing is a dedicated level of care within The Arbour. It is essential to the success of the facility to communicate and to integrate services between the Memory Support and the overall campus. For this reason, the Community Advisory Council is formed of leaders from several departments that collaborate to develop each resident's individualized Care Plan. The council includes the Resident Care Coordinator, the Social Services Director, the Community Life Services Director, Food and Beverage Manager, Director of Therapy and the Director of Nursing Services.

Prior to admission, the Resident Care Coordinator completes a Resident Assessment utilizing information and input from the resident, caregivers, family members, and the resident's physician. The information collected in the Resident Assessment is used to develop each resident's Individual Care Plan. Each Care Plan is reviewed and updated as needed by staff of the Memory Support.

We encourage Independent Living residents to begin writing down their story in preparation for a possible stay in the Memory Support or Skilled Nursing units. This will help in learning about you, from your own words, and lets you "speak for yourself" in development of your Individualized Care Plan.

We CARE

Our personalized approach is built around an innovative concept we call CARES: Centered Around Resident Empowered Services. The CARES program is all about giving our residents the most possible lifestyle choices with the fewest possible limitations. The mission of the committee is simply to generate awareness of our personalized philosophy and to educate all employees to the standard that we set at Westminster. CARES is an unsurpassed level of professional service that reflects the individual lifestyle and personal needs of each resident.



My Sensory Profile



Name: _____ Date: _____

Auditory

Hearing: _____ Right Ear: _____ Left Ear: _____

Hearing Devices and Tolerance: _____

- | | |
|---|--|
| <input type="checkbox"/> Functional hearing | <input type="checkbox"/> Distracted by noise |
| <input type="checkbox"/> Hypersensitive | <input type="checkbox"/> Hyposensitive |
| | <input type="checkbox"/> Oblivious to noise |

Visual

Sight: _____ Right Eye: _____ Left Eye: _____

Visual Devices and Tolerance: _____

- | | |
|---|---|
| <input type="checkbox"/> Functional Sight | <input type="checkbox"/> Avoids Eye Contact |
| <input type="checkbox"/> Squints | <input type="checkbox"/> Eye Tracks to Movement |
| <input type="checkbox"/> Eyes Closed | <input type="checkbox"/> Stares |
| | <input type="checkbox"/> Watches Others |

Taste

- | | |
|--|---|
| <input type="checkbox"/> Hypersensitive | <input type="checkbox"/> Hyposensitive |
| <input type="checkbox"/> Functional sense of taste | <input type="checkbox"/> Taste Discrimination |

Smell

- Hypersensitive
- Functional sense of smell
- Hyposensitive

Touch

- | | |
|---|---|
| <input type="checkbox"/> Normal response to touch | <input type="checkbox"/> Hyposensitive |
| <input type="checkbox"/> Hypersensitive | <input type="checkbox"/> Grabs at Others |
| <input type="checkbox"/> No Response | <input type="checkbox"/> Holds on Too Tightly |
| <input type="checkbox"/> Touches Everything | |

My Individualized Care Plan



Name: _____

A CUSTOMARY ROUTINE:

FOOD PREFERENCES AND DISLIKES:

MEAL TIME PREFERENCES AND ROUTINE:

(Include order and presentation of food, type of service ware and condiments)

BATHING PREFERENCES AND ROUTINE:

OTHER RESTORATIVE CARE:

SLEEP PATTERNS:

(Usual times to rise and retire; time awake at night; needed routine to induce sleep)

USUAL PERIODS OF INCREASED AND DECREASED ENERGY (REST/RESTLESSNESS):

USUAL TOLIETING HABITS/PATTERNS:

SITUATIONS THAT TRIGGER DISTRESS OR FEAR:

METHODS THAT HAVE BEEN SUCCESSFUL IN RELIEVING YOUR DISTRESS:

TASKS, ACTIVITES OR HOBBIES THAT BRING YOU PLEASURE:



What's Your Life Story?

All residents have a Life Story and with the help of family and our dedicated staff, a Life Story book is created upon admission to the Memory Skilled Nursing. A Life Story book can be the personal background of a resident's past, a book of precious memories, or a collage of treasured friends and family.



Upon completion, the Life Story book is used to engage a resident when there are behaviors that may need refocusing or redirection. The book is also used as a positive reinforcement to the resident by offering him or her validation as a person of worth.

Full Name: _____

Nick Names: _____

Birth Date: _____ **Age:** _____

Education Level: _____

Previous Occupation: _____

Significant Other Name: _____

Children's Names: _____

Sibling's Names: _____

Sibling Order: _____

Military Status/Branch: _____

Hobbies: _____

Pets/Names: _____

Favorites:

Foods: _____

Beverages: _____

Sports Interests: _____

Seasons: _____

Holidays: _____

Places Traveled: _____

Music Preferences: _____

TV Channels: _____

Alcohol: _____

Previous Coping Strategies: _____

Additional Useful Information:

In the provided space below, please include three of your most cherished Life Stories.

1.

2.

3.

Music and Memory- Resident Questionnaire



The Arbour at Westminster is excited to begin participation in the Music and Memory program! Music and Memory uses individualized therapeutic music playlists to foster a renewed sense of well-being and enhance connections with friends and loved ones. Please assist us in forming your personalized music playlist by filling out the following form.

Name: _____

Favorite music genres:

Favorite music artists & bands:

Favorite songs:

Special songs (i.e. wedding “first dance” song, religious songs, etc.):

Special songs you sang to your children:

Favorite films or movie soundtracks:

Favorite Broadway or theatre musicals:

What college/university did you attend? Do you know the university’s alma mater? If yes, please write down the name

Enrichment Sensory Profile



Favorite perfume/cologne/after shave _____

Favorite color to wear _____

Favorite colors for decorating _____

Favorite type of fabric to wear _____

Favorite type of fabric to touch _____

Favorite comfort food _____

Favorite food for special occasions _____

Favorite beverages _____

Favorite spice _____

Favorite bread _____

Favorite romantic (song/soundtrack/CD) artist _____

Favorite music (artist/CD or song) for relaxing _____

Favorite music (artist/CD or song) for dancing/feeling energized _____

Calming activities/waiting activities _____

Favorite or soothing/repetitive "mindlessness" activity _____

Favorite place on body for touch or a massage _____

Pleasant place to visualize _____

Pleasant sounds for relaxation _____

Favorite humorists or comedian _____

Favorite Movie _____

Holiday favorites/birthday or family traditions _____



WESTMINSTER

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