



MEMORY BOOK QUESTIONNAIRE



Patient Questionnaire



Please fill out this form. The information you provide will be used to create materials and activities to individualize speech therapy sessions for this patient.

PATIENT NAME:

FAMILY:

NAMES	RELATION	STATE OF RESIDENCE	EXTRA INFORMATION: (optional)

CLOSE FRIENDS:

NAME	CITY OF RESIDENCE

PETS :

PATIENT'S FAVORITE JOB OR MOST RECENT JOB PRIOR TO HOSPITALIZATION OR SINCE RETIREMENT :

SIGNIFICANT EVENTS IN PATIENT'S LIFE :

HOBBIES THAT PATIENT ENJOYS :

FOODS THAT PATIENT ENJOYS :

ANY SPECIAL TALENTS/ AWARDS OR RECOGNITION IN LIFE? :

SIGNIFICANT PLACES PATIENT HAS TRAVELED TO FOR VACATIONS, ANNIVERSARIES, ETC. :

WHERE DID THE PATIENT GROW UP? :

HOW LONG HAS THE PATIENT BEEN MARRIED? :

HOW AND WHERE DID PATIENT MEET HIS/HER SPOUSE? :

IMPORTANT INFORMATION ABOUT PATIENT'S SPOUSE (OCCUPATION, HOBBIES, ETC.) :

ANY EXTRA INFORMATION THAT YOU WOULD LIKE TO SHARE REGARDING YOUR LOVED ONE :

WHAT ELSE WOULD BE HELPFUL TO KNOW OR PRACTICE IN THERAPY? PLEASE LEAVE YOUR IDEAS BELOW: