Get to know me

My life story

Leanlink

Linköping
Där idéer blir verklighet

Personal information

Name (first and last)

Nick name

Social security number

Relationship status
Spouse/single person/widow/widower

Language
What is your native language, if other than Swedish?

Possible place for your photo

Please note: This life story is written in first person, i.e. the person the life story is about is called “I”. The word ”we” in the life story refers to the care staff.

The life story

Every life story is unique and there is no one else like you. You have the right to be yourself and live a meaningful life, regardless of where you live.

We want to know about your life as this provides us with invaluable information about you, what you like/dislike and ups and downs on your life journey. We want to increase our understanding for who you are and how we can best care for you. We believe this is done by communicating as much as possible about your life before we met you. We want to be able to create meaningful daytime activities for you, taking into consideration your interests, talents, values and outlook on life. We want you to have control over what your day looks like and assist you to continue to be who you are.

The foundation of nursing and care should be based on that every single person, despite specific needs and/or illness, will continue to be the main character in their own life. This becomes even more important if you have difficulty remembering or if you have difficulties making yourself understood.

It is up to you if you wish to fill in the life story. Others have found relatives, your contact person and another staff member helpful when filling it in. Our hope is that the life story is an ever-changing document that can be added to and/or changed over time. All the material provided in this document is protected by confidentiality. This means we are not able to pass on any of the information provided to us, without your consent. We will treat what you write with the utmost respect and will be kept in a locked space.

Please tell us about:

Your childhood

Your parents' names/ siblings. Where did you grow up? Which school / schools did you go to? People that were important to you during your childhood? Any other significant events that you want to tell us about?

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Youth

Did you have a driver's license? Your first job? Schools and education? What did you do in your spare time? Who were the important people in your life? Any other significant events you want to tell about?

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Adult life

Where did you live? Did you/ do you have a spouse? Do you have any children/ grandchildren? Other family members that are important to you? Are there any other important people/ events we should know about? Where did you work? What were your interests, where did you like to holiday?

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Retirement

Tell us about your interests/ routine in retirement. What does a normal day look like for you?

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Personality

What characteristics best describe you? Do you enjoy being alone or in a group? Are you talkative/ quiet? Are you sometimes anxious/ calm? Are you caring/ happy/ positive/ like a laugh? Are you a morning or evening person?

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Stress management

How have you handle stressful or difficult situations throughout life? What helps you manage a heightened mood? Some examples: yoga, meditation, a walk in nature, talking to someone.

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Values

Do you have a particular life philosophy, values, religious beliefs that you would like to share with us? Knowing your values and beliefs gives the staff better a deeper understanding of decisions you make, how you think and act in different situations.

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Fears

What situations make you feel uncomfortable? Is there anything you are scared/ fearful of?

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Important events in life

Feel free to tell us about important events and experiences in your life, these can be events filled with joy or sorrow.

Interests / hobbies

What interests do you have/ did you use to have? Please find below some examples:

- ☐ Architecture / buildings
- ☐ Berry / mushroom picking
- ☐ Books / reading
- ☐ Dancing
- ☐ Computer / video games/ technology
- ☐ Animals / pets
- ☐ Film / cinema
- ☐ Photographing
- ☐ Outdoor life
- ☐ Shopping
- ☐ Needlework / crafts / sewing
- ☐ Home decor / decorating
- ☐ Horses / riding
- ☐ Hunting / fishing / shooting
- ☐ Clothes and fashion
- ☐ Concerts
- ☐ Art
- ☐ Literature
- ☐ Cooking
- ☐ Baking
- ☐ Fashion / design
- ☐ Exercise / sports
- ☐ Motor / interest in technology
- ☐ Museum
- ☐ Music
- ☐ Musical
- ☐ Painting
- ☐ Drawing
- ☐ Opera / theater
- ☐ Walking
- ☐ Travel
- ☐ Writing / poems / stories
- ☐ Carpentry
- ☐ Gambling / bingo
- ☐ Sports
- ☐ Languages / cultures
- ☐ Singing and music
- ☐ Board games / card games
- ☐ Gardening / flowers

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Please use the space below to describe in a bit more detail what you are interested in / have knowledge about:

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My family and significant friends

Please tell us who is in your family members, who are your close friends, neighbors and other significant people in your life.

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Consent regarding life story

I give consent for the care staff caring for me to read my “life story”.

- ☐ Yes
- ☐ No

When I die, I want my life story to be:

- ☐ Destroyed
- ☐ Handed over to a relative

County

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Date

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Signature

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Full name (please print)

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