



# A Personal Care Plan



**Full name** \_\_\_\_\_ **Today's date** \_\_\_\_\_

About Me:

I want to be remembered as (a good mom, a nurse, carefree, jolly, etc.):

I prefer to be called:

Do I like pets? What kind? How are they important to my daily routine?

Do I like interacting with children? If so, how?

Foods & beverages that I dislike:

Foods & beverages that I especially enjoy:

Food and other allergies:

I am an early riser or a late sleeper; I usually wake around:

How I like to start my day (shower, coffee, quiet, conversation, newspaper, bible study, etc.)

What I enjoy eating for breakfast:

How I take my coffee / tea / other morning beverage \_\_\_\_\_:

I prefer to take a bath / shower. In the morning / evening.

I dress for comfort in (casual or dressy clothes, etc.):

I enjoy wearing (makeup, aftershave, cologne, etc.):

I prefer (background noise such as the radio or tv or quiet):

I like to end my day by:

I stay up late or go to bed early; I usually go to bed at:

Things that help me relax are:

Things that help me fall asleep:

Items I like to have with me at all times:

Other care preferences or things you should know about me: