

HOSPICE Fvery Moment





## **BJC Hospice Patient Story Questions**

(For adult)

Name	e:	Nickname:						
Birth Date:		Birth Place:						
<u>Relat</u>	tionships (if applicable):							
Paren	nts:	Siblings:						
Spouse/Partner:		How many years?	·					
Children:		Grand Children:						
Great	t Grand Children:	Dear Friends:						
Pets: _		·.						
Profile	e Questions							
1)	•	i <b>te things</b> /your loved one's favor Sport, Movie/TV show, Quote/Po	rite things. pem/Bible passage/Places you've been					
2)	) What are some <b>hobbies</b> or things you/your loved one enjoy doing?							
3)	) How would you describe your life's <b>work</b> ? (ex. job/volunteer work/role in your family)							
4)	) What are some of your favorite memories/highlights of your life?							
5)	5) What are some <b>words</b> you would use to describe yourself/your loved one?							
		4						
Usual	lly we stop here unless the fa	amily wants to dig deeper/add r	more)					
1)	What is a fun fact you want people to know about you/your loved one?							
2)	What is something (are some things) you/your loved one are <b>proud of</b> ?							
3)	Can you tell me about someone or something that has influenced your life /your loved one's life?							
4)	What are some life lessons you/your loved one has learned or advice you want to share?							
5)	What are some major obstacles or challenges have you/your loved one overcome?							
6)	What are your hopes? For yourself, your loved ones, others?							
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	DATE
Dear	<del>)</del>
Lately I have thought A appeleiste about you	o much about all I love and
When I think about dying an	nd leaving, you, I know Ill miss
I hope sjoull remember my	
and smile.	even when you're sad.
What I want most for your	in your future is
f will ALWAYS low you.	
SI.	GNATURE OR MARK





