

**ORCHARD HEIGHTS, INC.
SOCIAL HISTORY**

Resident Name: _____ Date of Birth: _____

Marital Status: Single/Married/Divorced/Widowed # of Children: _____

Primary Language (if not English): _____ Religion: _____ Active: Yes/No

Heritage/Nationality: _____

Only Child: Yes/No Number of siblings: _____

Educational Level: _____ Prior Occupation: _____

Veteran: Yes/No Branch: _____

Pets Owned (names & descriptions): _____

Holidays Celebrated (important holidays for Resident): _____

Places Traveled: _____

Recreational Activities/Hobbies: _____

Preferred Reading Material: _____

Significant Achievements: _____

Significant Traumas/Tragedies/Losses: _____

Significant Relationships (specify): _____

Interaction Preference: Group/Individual

Coping mechanisms and how the resident deals with stress: _____

Daily routine in prior living situation: _____

Other pertinent information: _____

Completed By: _____

Relationship to Resident: _____