PROFILE

Use this form to record details about your employment, responsibilities, interests, home, and family. You may include additional information you feel is relevant to your care on the back side of this form.

NAME:_____

1. Do you live by yourself? (circle) YES NO

   If no, with whom do you live?_____

   What is your relationship to this person/people?_____

   _____

2. Describe the home environment (e.g. Calm? Organized? Cluttered? Chaotic?).

_____

3. Describe your current interests/hobbies._____

_____

4. Are there interests/hobbies you had before your brain injury that you are currently unable to pursue but hope to return to? If so, describe.

_____

_____

5. What are your current responsibilities?_____

_____

6. Are there responsibilities you had before your brain injury that you are currently unable to do but hope to return to? If so, describe.

_____

_____

7. Who can you rely on for support (friendship, guidance, assistance, etc.)?_____

_____

_____

(additional space on back side to write more)

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