

Current Marital Status		
Number of marriages or previous relationships:		
Is there current involvement in a relationship?	Yes	No
What is the resident's sexual orientation? Heterosexual___ Bisexual___ Lesbian ___ Gay___ Transsexual___ Transgender ___ No comment___		
How has the resident traditionally demonstrated the need for intimacy? Showing affection? Explain.		
Does the resident enjoy giving/receiving hugs and/or showing affection?	Yes	No
Is the resident accustomed to sleeping alone in bed?	Yes	No
Have you noted any changes in behavior in the area of sexual expression over the past few months of which you feel our staff should be aware? Explain.	Yes	No
How consistent are current behaviors with formerly held beliefs and values? Explain		
Would you please provide information to help us know the resident better? (refer to each LTCH's practice of collecting Life Story)	Yes	No
Any known history of abuse (mistreatment) or trauma: sexual, physical, emotional or verbal?	Yes	No
Any known history of sexually transmitted disease?	Yes	No

Information received from: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_