

Getting to know you

Name: _____

| | Date of birth ———————————————————————————————————— |
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| | Date completed |
| Please fill in the boxes below. This information will help the Wellness team understand what is going well and what worries you most at this time. | |
| Things to celebrate, things that are going well: | |
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| Thoughts about what might help to make it easier to join in everyday activities and make life more enjoyable: | |
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| Things that are causing concern and questions: | |
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