



# Palliative Care Service Personal Preference Assessment

Name \_\_\_\_\_

... But, I like it when they call me: \_\_\_\_\_

***These are a few of my favorite things:***

Favorite music: \_\_\_\_\_

Favorite reading material: \_\_\_\_\_

Special song: \_\_\_\_\_

Favorite way to relax: \_\_\_\_\_

Favorite food: \_\_\_\_\_

Favorite holiday: \_\_\_\_\_

Special days of the year:

    Birthday: \_\_\_\_\_

    Anniversary: \_\_\_\_\_

Favorite fragrance/ lotion: \_\_\_\_\_

Favorite color: \_\_\_\_\_

Favorite hobbies: \_\_\_\_\_

Favorite flower: \_\_\_\_\_

Favorite pets: \_\_\_\_\_

Favorite travels: \_\_\_\_\_

Best remembered things: \_\_\_\_\_

Special wishes: \_\_\_\_\_

What would you like us to do to help you and your family and/or friends during your journey? \_\_\_\_\_

What kinds of work did you do? \_\_\_\_\_

Special accomplishments? \_\_\_\_\_

Favorite passage from the Bible or special book? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_