

Leisure/Recreation Information Form

Date _____

Client's Name _____ Prefers to be Called _____

Significant places where person has lived:

Personal Achievements (e.g. Awards, Community Involvement, Clubs, Sports Groups, Volunteer Activities)

Current pet's name (if applicable) _____ Type _____

Significant topics/people, places, pets, travel?

Is the client a veteran? ☐ Yes ☐ No

The following information will assist the recreation staff in providing quality social/recreation programs. Please check any of the following activities that the participant currently enjoys or enjoyed in the past. (Past activities are very important to know as we can often re-introduce past activities in different ways.)

(Please see over)

	Past	Current		Past	Current		Past	Current
Bingo	<input type="checkbox"/>	<input type="checkbox"/>	Drawing/Painting	<input type="checkbox"/>	<input type="checkbox"/>	Makeovers/Manicures	<input type="checkbox"/>	<input type="checkbox"/>
Billiards	<input type="checkbox"/>	<input type="checkbox"/>	Hymn Singing	<input type="checkbox"/>	<input type="checkbox"/>	Play Piano	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	Euchre	<input type="checkbox"/>	<input type="checkbox"/>	Sewing	<input type="checkbox"/>	<input type="checkbox"/>
Cards	<input type="checkbox"/>	<input type="checkbox"/>	Exercising/Walking	<input type="checkbox"/>	<input type="checkbox"/>	Shuffleboard	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	<input type="checkbox"/>	Singing	<input type="checkbox"/>	<input type="checkbox"/>
Checkers	<input type="checkbox"/>	<input type="checkbox"/>	Flower Arranging	<input type="checkbox"/>	<input type="checkbox"/>	Travelling	<input type="checkbox"/>	<input type="checkbox"/>
Chess	<input type="checkbox"/>	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	<input type="checkbox"/>	Watching Sports	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/Baking	<input type="checkbox"/>	<input type="checkbox"/>	Golf	<input type="checkbox"/>	<input type="checkbox"/>	Wood Working	<input type="checkbox"/>	<input type="checkbox"/>
Craft Projects	<input type="checkbox"/>	<input type="checkbox"/>	Home Repairs	<input type="checkbox"/>	<input type="checkbox"/>	Knitting/Crocheting	<input type="checkbox"/>	<input type="checkbox"/>
Darts	<input type="checkbox"/>	<input type="checkbox"/>	Interest in Birds	<input type="checkbox"/>	<input type="checkbox"/>	Enjoys Music	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Comments (please expand on any of the above leisure interests, e.g., types of card games, types of crafts):

Activities the client does not like:

Any other information/interests we should know:

Completed by _____ Relationship _____