Project Lifesaver Client Profile

Personal Data Questionnaire

CLIENT INFORMATION:

Name: _____

Address: _____

City & Zip: _____

Phone number(s): _____

Date of Birth: _____ Sex ☐ Male ☐ Female Race _____

Nickname(s): _____

Name of Spouse: _____

Diagnosis: _____

CAREGIVER(S) INFORMATION:

Name: _____ Phone _____

Address: _____

Email Address: _____

Relationship to Client: _____

Name: _____ Phone _____

Address: _____

Email Address: _____

Relationship to Client: _____

Other persons the client might contact: _____

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PHYSICAL DESCRIPTION

Height:		Weight:		Build:	
Hair Color:		Hair Style:		Eye Color:	
Complexion:					
Briefly describe any distinguishing scars, marks or tattoos:					

General Appearance:

If client does not understand English, what language is understood?

Does client wear glasses? ☐Yes ☐No Does client wear hearing aid(s) ☐Yes ☐No

Does client use: ☐Cane ☐ Walker   Does client go out alone? ☐ Yes ☐No

Explain:

HEALTH CONDITION

Any known physical handicaps?

Any known medical problems?

List medications taken regularly and dosage:

Attending Physician: _____ Phone: _____

EXPERIENCE

Has client ever wandered off? ☐Yes ☐No

When?

Where?

Located by searchers or returned home on own?

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HABITS

Interests: _____

☐Outgoing ☐Quiet   Likes: ☐ Groups ☐ Would rather be alone

Which family member is client closest to? _____

Client is afraid of:

Dogs ☐Yes ☐No   The dark ☐ Yes ☐No   Noises ☐ Yes ☐No People ☐Yes ☐No

Other (explain)? _____

What actions does client take when hurt or frightened? (cry, shout, etc?)	

Will client talk to strangers? ☐ Yes ☐No

Is client dangerous to himself/herself/others? ☐ Yes ☐ No

PERSONAL ARTICLES NORMALLY CARRIED BY CLIENT

Tobacco products: ☐Yes ☐ No   Candy/Gum: ☐ Yes ☐ No

Matches: ☐Yes ☐ No   Lighter: ☐ Yes ☐No

Food items: _____

_____

ID Bracelet? ☐ Yes ☐No

Cash? Amount: _____   Where carried? _____

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If Alzheimer's Disease or Dementia has been diagnosed, please answer the following:

Does client remain oriented to time and person? ☐Yes   ☐ No

Does client recognize familiar persons and faces? ☐ Yes ☐ No

Can the client travel to familiar locations? ☐Yes ☐No

Does the client sometimes clothe himself/herself improperly? ☐Yes ☐No (shoes on wrong foot, underwear over clothing, etc.)

Does client remember own name and the names of spouse and/or children? ☐Yes ☐No

How well does the client communicate verbally? ☐None ☐ Poor ☐ Fair ☐Good ☐ Excellent

Are there any other devices currently being used to track this client? (i.e., find my iphone, GPS devices, AngelSense, etc.)   ☐ Yes ☐No (please list below if answer is "yes")

_____

_____