



DODGE COUNTY SHERIFF'S OFFICE

Dale J Schmidt Sheriff Scott Smith Chief Deputy

Client Number: _____

Frequency: _____

Project Lifesaver®

Client Profile

Personal Data Questionnaire

This form is designed for custodial caregivers to provide, in advance, certain information that will be useful to search teams should the need arise. Providing the information in advance of the need will allow search management personnel the necessary information to establish a more effective search response.

Client: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Date transmitter placed: _____

Facility/Organization: _____ Phone: _____

Address: _____

PL Servicer filling out this form: _____

PL Servicer placing transmitter on: _____

Client's Personal Data

Birthdate: _____ Male Female Race: _____

Nickname(s): _____

Most recent address: _____

Most recent place of work: _____

Most recent occupation: _____

Name of spouse: _____ Living Deceased

Family/Friend Information

Other persons the client may contact (family, friends, etc.)

Name: _____ Phone: _____

Address: _____

Relationship to client: _____

Name: _____ Phone: _____

Address: _____

Relationship to client: _____

Responsible party paying for client: _____

Physical Description

Height _____ ft. _____ in. Weight _____ lbs. Build _____
Hair color _____ Hair Style _____ Eye Color _____
Complexion _____ Beard Yes No Sideburns Yes No
Mustache Yes No Balding Yes No False Teeth Yes No
Shape of facial features: Round Square Oval Other _____
Distinguishing marks, scars, tattoos, etc. Describe: _____

General appearance _____

If client does not understand English, what language is understood? _____
Spoken word Yes No or Written word Yes No

Does client wear glasses Yes No Contact Yes No Sunglasses Yes No
If yes to any of the above what style: _____

If resident wears glasses or corrective eyewear what degree of vision does he/she have not using
eyewear? None Poor Fair

Personal Data Questionnaire

Does client wear a hearing aid? Yes No If so, what style? _____
If yes, what type of hearing without aid? None Poor Fair

Health/Psychological Condition

Any known physical handicaps? Yes No If so, describe _____

Any known medical problems? Yes No If so, describe _____

Medications taken regularly? Yes No

List any medication using correct name of drug and dosage being taken: _____

Consequences of NOT taking medications? _____

Attending Physician _____ Phone No. _____

Diagnosis: _____

Any psychological problems? Yes No Nature _____

If Alzheimer's disease has been diagnosed, answer the following:

1. Does the client remain oriented to time, date and person? Yes No
Explain _____
2. Does the client recognize familiar persons and faces? Yes No
Explain _____
3. Can the client travel to familiar locations? Yes No
Explain _____
4. Does the client have decreased knowledge of current events or tend to relive events in his/her life? Yes No
Explain _____
5. Does the client sometimes clothe himself/herself improperly? Yes No
Example: Putting shoes on the wrong feet, adding underwear over clothing?
Explain if necessary _____
6. Does the client remember own name and the names of spouse/children? Yes No
Explain _____
7. Are the client's sleep patterns regular? Yes No
Explain _____
8. Does the client suffer from frequent personality and emotional changes? Yes No
Explain _____
9. Does the client suffer from delusions (See imaginary visitors, talk to his/her own reflection in the mirror, imagine that their spouse is an imposter, etc.?) Yes No
Explain _____
10. How good is the client's communication ability? None Poor Fair Good Excellent

Personal Articles Normally Carried by the Client:

Tobacco Products: Yes No Type _____ Brand _____

Matches: Yes No Lighter: Yes No Type _____

Candy/Gum: Yes No Type _____

Food Items: _____

Facial tissue or other pocket/purse items: _____

Approximate Amount of cash on hand: _____

Where normally carried: _____

Handbag Purse Wallet

Description: _____ Type _____ Color _____

Jewelry (Describe) _____

Watch? _____ Type _____ Color _____ Description _____

Medical alert ID Yes No Type _____

Equipment

Cane Walker Other _____ Hunting/Fishing, Etc. _____

Describe: _____

Experience

Familiar with area? Yes No How recently _____ (Days/Months/Years)
If not local, what other areas are known to resident? _____

Taken outdoor classes? Yes No Where? _____ When? _____

Taken first-aid training? Yes No Where? _____ When? _____

Involved in scouting? Yes No Explain _____

Military? Yes No Branch _____ Where? _____ When? _____

Recreational outdoor experience? Yes No _____

Overnight camping experience? Yes No _____

Ever been lost before? Yes No Where? _____

When _____ Time of Day _____

Located by searchers or walk out by himself/herself? _____

Location found _____

Actions taken _____

Ever go out alone? Yes No Stay on trails? Yes No

General athletic interest/abilities _____

Personal Habits

Smoke? Yes No How often _____ What? _____ Brand _____

Drink Alcohol? Yes No Type? _____ Brand _____ How often _____

Use illicit Drugs? Yes No How often _____ Type _____

Hobbies/interests _____

Outgoing Quiet Likes groups Likes being alone

Evidence of leadership Yes No Describe _____

Ever been in trouble with the law? Yes No Where? _____

What? _____ When? _____

Religious? Yes No What faith? _____

What does client value most? _____

Which family member is client closest to? _____ Relationship _____

Where was client born and raised? _____

Has client received any letters recently? Yes No From whom _____

Client fears: Dogs The dark Noises Horses People Other _____

How client responds when hurt? (Cry, shout, etc.?) _____

Will client talk to strangers? Yes No

Is the client DANGEROUS to himself/herself or others? Yes No