Project Lifesaver®
Client Profile

Application and Personal Data Questionnaire

This form is an application for participation in the Project Lifesaver Program. It is designed for Custodial Care Givers 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. Items in red will be completed by Project Lifesaver staff.

Client Number: _____ Frequency: _____

Date: _____
Resident/Client Name: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____
Facility/Organization: _____ Phone: _____
Address: _____

Responsible Party/Caregiver Name _____
Address if different from above: _____
_____
Home Phone: _____ Cell Phone _____
E-mail Address: _____

Resident's Personal Data

Birthday: _____ Sex: Male/Female Race: _____
Nickname(s): _____
How long at current address? _____
Address before current one: _____
Last place of employment: _____
What type of work performed: _____
Name of Spouse if not Caregiver: _____ Living/deceased (circle)

Date Transmitter Placed: _____
PL Servicer filling out this form: _____
PL Servicer that places transmitter: _____

Physical Description

Height _____ Weight _____ Build _____(SM,M,L,XL) Eye Color _____

Complexion _____ Hair color _____ Hair Style _____

Balding Yes/No -- Beard Yes/No -- Mustache Yes/No -- Sideburns Yes/No

False Teeth Yes/No -- Marks, scars, tattoos, Describe _____

Shape of facial features: Round/Square/Oval/Other _____

General Appearance _____

Does Resident wear glasses, Contacts, or Sunglasses Yes/No

If yes, describe the style: _____

How is Resident's eyesight without corrective lenses? None/Poor/Fair/Good (circle one)

Does Resident wear a hearing aid? Yes/No -- If yes, what style? _____

How is Resident's hearing without hearing aid? None/Poor/Fair/Good (circle one)

Does Resident speak and understand English? Yes/NO Understand written English? Yes/No

Does Resident know/use any other languages? Yes/No

If Yes, which languages _____ Spoken? Written?

Health/Psychological Condition

Any known physical handicaps? Describe _____

Any known medical problems? Describe _____

Medications taken regularly? Yes/NO If yes, list any medication using name and dosage _____

_____

_____

Consequences of NOT taking medications? _____

_____

Attending Physician _____ Phone No. _____

Any Psychological Problems? Yes/No Nature _____

Diagnosis: _____

_____

_____

Please provide a recent client photograph.

We encourage you to provide a physician's recommendation that the applicant be enrolled in the Project Lifesaver Program.

Attending Physician (Printed) _____

I recommend _____ for the Project Lifesaver Program. I understand that participants wear a radio transmitter that is used to assist in a search if the individual wanders and is missing.

Physician Signature _____

Date _____

<u>If Alzheimer's disease has been diagnosed, Answer the following:</u>

1. Does the Resident remain oriented to Time and Person? Yes/No
   Explain _____
2. Does the Resident recognize familiar persons and faces? Yes/No
   Explain _____
3. Can the Resident travel to familiar locations? Yes/No
   Explain _____
4. Does the Resident have decreased knowledge of current events or tend to re-live events in his/her life? Yes/No
   Explain _____
5. Does the Resident sometimes clothe himself/herself improperly? Yes/No
   Example: Putting shoes on the wrong feet, adding underwear over clothing?
   Explain if necessary _____
6. Does the Resident remember his/her own name and the names of spouse and or children? Yes/No
   Explain _____
7. Is the Resident's sleep pattern normal? Yes/No
   Explain _____
8. Does the Resident suffer from frequent personality and emotional changes? Yes/No
   Explain _____
9. Does the Resident 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 Resident's communication ability? None/Poor/Fair/Good/Excellent
    (circle one please)

Habits/Personality

Smoke? Yes/No If yes, what and how often _____ Brand _____

Drink Alcohol? Yes/No What Type? _____ Brand _____

Use Illicit Drugs? Yes/No If so, how often _____ Type _____

Ever been in trouble with the law? Yes/NO How/when_____

Evidence of Leadership Yes/No Explain _____

Religious? Yes/No what faith _____

What does Resident value most? _____

Which family member is Resident closest to? _____ Relationship_____

Where was Resident born and raised? _____

(circle one beside each) Is resident afraid of Dogs? Yes/No The dark? Yes/No Noises? Yes/NO
Horses? Yes/No People? Yes/No Other (explain) _____

What actions taken when hurt? (Cry, shout, etc.?) _____

Outgoing or Quiet Likes Groups or being alone?

Will Resident talk to strangers? Yes/No (explain) _____

Is the Resident dangerous to him/herself or others? Yes/No) (explain) _____

_____

Experience

Familiar with area? Yes/No How long lived in the area_____Months/Years

If not local, what other areas are known to Resident? _____
_____

Taken first-aid training? Yes/No Involved in Scouting? Yes/No Military Experience? Yes/No

Recreational Outdoor Experience? Yes/No Overnight Camping Experience? Yes/No

Does Resident ever go out alone? Yes/No Does Resident stay on trails or paths? Yes/NO

General interests, hobbies and athletic abilities _____

_____

Ever been lost or missing before? Yes/No If so when?_____

Location found_____

Describe the events around the situation _____

_____
_____

Personal Articles Normally Carried by the Resident:

Tobacco Products: Yes/No Type _____ Brand _____

Candy/Gum: Yes/No Brand _____

Matches: Yes/No Lighter: Yes/No Type _____

Food Items: _____
Facial tissue or other pocket/purse items: _____

Approximate Amount of Cash on Hand? $ _____
Where Normally Carried _____
Handbag, Purse or Wallet:
Description _____ Type _____ Color _____
Jewelry (Please describe) _____
Watch? _____ Type_____ Color_____ Description_____

Equipment

Cane/Walker or _____ Describe any other equipment Resident may have, i.e. hunting/fishing/sports _____
_____

Family/Friend Information

Other persons the resident might contact (family, friends, etc.)

Name: _____ Phone: _____
Address: _____
Relationship to client: _____
Name: _____ Phone: _____
Address: _____
Relationship to client: _____

Name: _____ Phone: _____
Address: _____
Relationship to client: _____
Name: _____ Phone: _____
Address: _____
Relationship to client: _____

Name: _____ Phone: _____
Address: _____
Relationship to client: _____
Name: _____ Phone: _____
Address: _____
Relationship to client: _____
(Attach more names if needed)