

Client Number: \_\_\_\_\_

Frequency: \_\_\_\_\_

# Project Lifesaver/Lojack SafetyNet Client Profile

## Personal Data Questionnaire

This form 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.

Resident: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Transmitter Placed: \_\_\_\_\_

Facility/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

PL Servicer filling out this form: \_\_\_\_\_

PL Servicer that places transmitter on: \_\_\_\_\_

## Resident's Personal Data

Birthday: \_\_\_\_\_ Sex: Male/Female Race: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Most recent address: \_\_\_\_\_

Most recent place of work: \_\_\_\_\_

Most recent occupation: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Living/deceased (circle)

## Family/Friend Information

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Responsible Party Paying for client: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 Resident does not understand English, what language is understood? \_\_\_\_\_

Spoken word only    Yes/No    or    Written/Spoken

Does Resident wear glasses? Yes/No    Contacts? 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 without the eyewear? None/Poor/Fair (circle one)

**Personal Data Questionnaire**

Does Resident wear a hearing aid? \_\_\_\_\_ what style? \_\_\_\_\_

If yes, what type of hearing without Aid? None/Poor/Fair (circle one)

**Health/Psychological Condition**

Any known physical handicaps? \_\_\_\_\_  
(Describe please)

Any known medical problems? \_\_\_\_\_  
(Describe please)

Medications taken regularly? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consequences of NOT taking medications? \_\_\_\_\_

\_\_\_\_\_

Attending Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Any Psychological Problems? Yes/No Nature \_\_\_\_\_

\_\_\_\_\_

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

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 deceased 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. Are the Resident's sleep patterns frequently disturbed? 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)

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 \_\_\_\_\_ Hunting/Fishing, Etc. \_\_\_\_\_ (circle one or describe)

Other: \_\_\_\_\_

Experience

Familiar with area? Yes/No      How recently \_\_\_\_\_ Days/Months/Years

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

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Taken outdoor classes? Yes/No Where? \_\_\_\_\_ When? \_\_\_\_\_

Taken first-aid training? Yes/No Where? \_\_\_\_\_ When? \_\_\_\_\_

Involved in Scouting? Yes/No Explain \_\_\_\_\_

Military Experience? Yes/No 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 \_\_\_\_\_

**Personality Habits**

Smoke? Yes/No How often \_\_\_\_\_ what \_\_\_\_\_ Brand \_\_\_\_\_

Drink Alcohol? Yes/No What Type? \_\_\_\_\_ Brand \_\_\_\_\_

Use Illicit Drugs? Yes/No How often \_\_\_\_\_ Type \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Outgoing or Quiet; Likes Groups or being alone?

Evidence of Leadership Yes/No Explain \_\_\_\_\_

Ever been in trouble with the law? Yes/NO What \_\_\_\_\_

Religious? Yes/No what faith \_\_\_\_\_

What does Resident value most? \_\_\_\_\_

Which family member is resident closest to? \_\_\_\_\_ Relationship \_\_\_\_\_

Where was Resident born and raised? \_\_\_\_\_

Has Resident received any letter recently? Yes/No from Whom \_\_\_\_\_

Is resident afraid of Dogs? Yes/No The dark? Yes/No Noises? Yes/NO (circle one beside each)

Horses? Yes/No People? Yes/No Other (explain) \_\_\_\_\_

What actions taken hurt? (Cry, shout, etc.?) \_\_\_\_\_

Will Resident talk to strangers? Yes/No(circle one)

Is the Resident DANGEROUS to him/herself or others? Yes/No(circle one)