

PROJECT LIFESAVER CLIENT PROFILE (Child)

Personal Data Questionnaire

This form is designed for 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 to have the necessary information to establish a more effective search response.

Client: _____

Address: _____

City: _____ Zip: _____

Phone: _____

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

Nickname(s): _____

Diagnosis: _____

Caregiver(s)

Name: _____ Phone: _____

Address: _____

Relationship to Client: _____

Name: _____ Phone: _____

Address: _____

Relationship to Client: _____

Physical Description

Height: _____ ft _____ in. Weight: _____ Build: _____

Hair Color: _____ Hair Style: _____ Eye Color: _____

Complexion: _____

Distinguishing marks, scars, tattoos. Describe: _____

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

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

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? _____

Habits

Interests: _____

Outgoing Quiet Likes groups or 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 or others? Yes No

How well does client communicate verbally? Not at all Poor Fair Good Excellent

Does client wear an ID bracelet? Yes No