Client Number:	Frequency:
----------------	------------



## Albany County Sheriff's Project Lifesaver® 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/Client	
Address:	
City/State:	Zip:
Home Phone:Oth	
Date Transmitter Placed:	
Facility/Organization:	
Address:	
ACSO Member filling out this form:	
ACSO Member that places transmitter on:	
Is the client a veteran: Yes/No	
Resident/Client	's Personal Data
Date of Birth: Sex:	Male/Female Race:
Nickname(s):	
Most recent prior to above address:	
Most recent place of work:	
Most recent occupation:	
Name of Spouse:	Living/deceased (circle)
Name of Parent:	<u> </u>
School:	Schedule
Responsible Party for client:	
Name: E-Mail:_	
Home Phone:Cell Phone:	Work Phone:
Address:	
Relationship to client:	
Family/Frien	d Information
Other persons the resident might contact (famil	
Name:	Phone:
Address:	
Relationship to client:	
Name:	

Address:							
Relationship to	client:		<del> </del>				
Diagnosis:						_ _	
Function/Disat							
	ity type; shy, out					_	
			Physical D	escriptio	<u>n</u>		
Height	ftin.	Weig	ght	lbs.	Build _		
Hair color		Hair	Style		Eye Color		
Race	Complexion			Beard	Yes/No	Sideburns	Yes/No
Shape of facial Distinguishing General Appea	s/No l features: Round marks, scars, tat rance es not understance	d/Squai toos, e	re/Oval/Oth tc. Describe	er			
Spoken word o	nly Yes/No		or		Written/Sp	ooken	
If yes to any of If resident wea	wear glasses? Ye f the above what ars glasses or cor None/Poor/Fair	style: ective	eyewear wh				have not using
		<u>Pe</u> i	rsonal Data	Question	<u>nnaire</u>		
Does Resident If yes, what ty	wear a hearing a pe of hearing wit	id? hout A	id? None/Po	what oor/Fair (	style? circle one)		
		Heal	th/Psycholo	ogical Co	<u>ndition</u>		
Describ) Any known me Describ)	vsical handicaps? be please) dical problems? be please) ken regularly? _						
List any medic	ation using corre	ct name	e of drug an	d dosage	heing taker	า:	

Consequences of NOT taking	medications?	
Attending Physician		Phone No.
Any Psychological Problems?	Yes/No Nature	
If Alzheimer's disease has bee	en diagnosed, A	nswer the following:
		Time and Person? Yes/No
		persons and faces? Yes/No
<ol><li>Can the Resident trave Explain</li></ol>	l to familiar loc	cations? Yes/No
Does the Resident have		
	e decreased kn	ColorPlate# nowledge of current events or tend to re-live events in
<ol><li>Does the Resident som Example: Putting shoe</li></ol>	etimes clothe hes on the wrong	nimself/herself improperly? Yes/No feet, adding underwear over clothing?
<ol><li>Does the Resident ren Yes/No</li></ol>	nember his/her	own name and the names of spouse and or children?
7. What are the Resident	's sleep pattern	ns? Explain
Explain		nt personality and emotional changes? Yes/No
reflection in the mirro	r, Imagine that	usions (See Imaginary Visitors, Talk to his/her own their spouse is an imposter, etc?) Yes/NO
10. How good is the Reside (circle one please)	nt's communica	ation ability? None/Poor/Fair/Good/Excellent
Personal Articles Normally Ca	rried by the Res	sident:
Tobacco Products: Yes/No	Туре	Brand
Candy/Gum: Yes/No	Brand	

Matches: Yes/No	Lighter:	Yes/No	Тур	e
Food Items:				
Facial tissue or other pocket/p	urse items:	:		
Approximate Amount of Cash o Where Normally Carried Handbag, Purse or Wallet: Description Access to ATM: Yes/No Bank Na Access to Credit Cards Yes/No Jewelry (Please describe)	Type ame & Loca Visa/MC/ot	ationther	Color	
Jewelry (Please describe) Watch? Type Cell Phone or Pager: Yes/No (o	circle one o	_ Color	De:	scription
cell Filone of Fager. Test No (	sirete one e	Equipm		. number
6 W. H. V. L. L. L.			<del></del>	
Cane/Walker/wheelchairOther:				
Familiar with area? Yes/No	How rec	Experie ently	<u>nce</u>	Days/Months/Years
Taken outdoor classes? Yes/No	Where? _		W	/hen?
Taken first-aid training? Yes/N	o Where? _			When?
Involved in Scouting? Yes/No E	xplain			
Military Experience? Yes/No W	here?		\	When?
Recreational Outdoor Experien	ce? Yes/No	o		
Overnight Camping Experience	? Yes/No _			
Ever been lost before? Yes/No	Where			
When		Time of Da	ıy	
Located by searchers or walk o	ut by himse	elf/herself	?	· · · · · · · · · · · · · · · · · · ·
Location found				
Actions taken				
Ever go out alone? Yes/No stay				
General Athletic Interest/Abilit	ties			

Smoke? Yes/No How often	what	Brand _	
Drink Alcohol? Yes/No What Type?		Brand	
Use Illicit Drugs? Yes/No How often	Тур	e	
Hobbies/Interests			
Outgoing or Quiet; Likes Groups or beir	ng alone?		
Evidence of Leadership Yes/No Explain	·		
Ever been in trouble with the law? Yes			
Religious? Yes/No what faith	·		
What does Resident value most?			
Which family member is resident close:	st to?		_ Relationship
Where was Resident born and raised? $\_$			
Has Resident received any letter recen	tly? Yes/No from	Whom	
Is resident afraid of Dogs? Yes/No The People? Yes/No Other (explain)			·
How does the resident act if hurt? (Cry	· · · · · · · · · · · · · · · · · · ·		
Will Resident talk to strangers? Yes/No	,		
Use of public transportation:			
Ability to swim:			
Is the Resident DANGEROUS to him/her	self or others? Y	es/NO(Circl	e one)

Picture of Resident: