

# **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