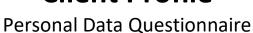


PROJECT LIFESAVER®

Client Profile





CLIENT INFORMATIO	N		
NAME:			SEX: MALE FEMAILE
ADDRESS:			
CITY AND ZIP CODE:		NICKNAME (S)	
PHONE:	DOB:	NAME OF SPOUSE:	
DIAGNOSIS:			
CAREGIVER – 1 INFO	RMATION		
NAME:			
ADDRESS:			

PHONE:

CAREGIVER – 2 INFORMATION

EMAIL ADDRESS:

RELATIONSHIP TO CLIENT:

NAME:				
ADDRESS:				
EMAIL ADDRESS:	PHONE:			
RELATIONSHIP TO CLIENT:				
OTHER PERSONS CLIENT MIGHT CONTACT:				

Client Profile

Personal Data Questionnaire

PHYSICAL DESCRIPTION

HEIGHT:	WEIGHT:			BUILD:	
HAIR COLOR:	HAIR STYLE:			EYE COLOR:	
BRIEFLY DESCRIBE ANY DISTIGUISHI	NG SCARS, MAI	RKS OR TAT	TOOS:		
GENERAL APPEARANCE:					
IF CLIENT DOES NOT UNDERSTAND	ENGLISH, WHA	T LANGUAC	GE IS UNDER	STOOD?	
DOES CLIENT USE GLASSES: YES NO		DOES CLENT WEAR HEARING AID(S)? YES NO			
DOES CLIENT USE: CANE WALKER		DOES CLIENT GO OUT ALONE? YES NO			
ADDITIONAL DETAILS OR EXPLAINA	TIONS:				
HEALTH CONDITIONS					
LIST ANY KNOWN PHYSICAL HANDIO	CAP(S):				
LIST ANY KNOWN MEDICAL CONDIT	TONS:				
MEDICATION TAKEN REGULARLY:			DOSAGE OF MEDICATION TAKEN REGU		
ATTENDING PHYSICIAN:			DUVCICIAN	PHONE NUMBER:	
ATTENDING PRISICIAN:			PHISICIAN	PHONE NUMBER:	

Client Profile

Personal Data Questionnaire

EXPERIENCE

HAS CLIENT EVER WANDERED OFF?					
WHEN?					
WHERE:					
LOCATION:					
HABITS					
INTERESTS:					
OUTGOING QUIET LIKES: GROUPS 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					
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 /OTHERS: YES NO					

Client Profile

Personal Data Questionnaire

PERSONAL ARTICLES NORMALLY CARRIED BY CLIENT

TABACCO PRODUCTS: YES NO CANDY/GUM: YES NO	
MATCHES:YES NOLIGHTER:YES NOID BRACELET?YES NO	1
DOES CLIENT CARRY CASH? YES NO IF YES, WHERE IS CASH CARRIED?	
FOOD ITEMS:	
IF ALZHEIMER'S OR DEMENTIA HAS BEEN DIAGNOSED ANSWER THE	FOLLOWING
DOES CLIENT REMAIN ORIENTED TO TIME AND PERSON?	YES NO
DOES CLIENT RECOGNIZE FAMILIAR PERSONS AND FACES	☐YES ☐ NO
CAN THE CLIENT TRAVEL TO FAMILIAR LOCATIONS?	YES NO
DOES THE CLIENT SOMETIMES CLOTHE HIMSELF/HERSELF IMPROPERLY? (SHOES ON WRONG FOOT, UNDERWEAR OVER CLOTHING, ETC.)	☐YES ☐ NO
DOES CLIENT REMEMBER OWN NAME AND THE NAMES OF SPOUSE AND/OR CHILDREN?	☐YES ☐ NO
HOW WELL DOES CLIENT COMMUNICATE VERBALLY?	OOD EXCELLENT
ARE THERE ANY OTHER DEVICES CURRENTLY BEING USED TO TRACK THIS CLIENT? (I.E., FIND MY IPHONE, GPS DEVICES, ANGELSENSE, ETC.) IF YES, LIST DEVICES BELOW.	☐YES ☐ NO
DEVICES:	