PROJECT LIFESAVER®

Client Profile

Personal Data Questionnaire

CLIENT INFORMATION

NAME: SEX: ☐ MALE ☐ FEMAILE		
ADDRESS:		
CITY AND ZIP CODE:		NICKNAME (S)
PHONE:	DOB:	NAME OF SPOUSE:
DIAGNOSIS:		

CAREGIVER – 1 INFORMATION

NAME:	
ADDRESS:	
EMAIL ADDRESS:	PHONE:
RELATIONSHIP TO CLIENT:	

CAREGIVER – 2 INFORMATION

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

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PHYSICAL DESCRIPTION

HEIGHT:	WEIGHT:	BUILD:
HAIR COLOR:	HAIR STYLE:	EYE COLOR:
BRIEFLY DESCRIBE ANY DISTIGUISHING SCARS, MARKS OR TATTOOS:		
GENERAL APPEARANCE:		
IF CLIENT DOES NOT UNDERSTAND ENGLISH, WHAT LANGUAGE IS UNDERSTOOD?		
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 EXPLAINATIONS:		

HEALTH CONDITIONS

LIST ANY KNOWN PHYSICAL HANDICAP(S):	
LIST ANY KNOWN MEDICAL CONDITIONS:	
MEDICATION TAKEN REGULARLY:	DOSAGE OF MEDICATION TAKEN REGULARLY:
ATTENDING PHYSICIAN:	PHYSICIAN PHONE NUMBER:

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EXPERIENCE

HAS CLIENT EVER WANDERED OFF? ☐ YES ☐ NO
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

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PERSONAL ARTICLES NORMALLY CARRIED BY CLIENT

TABACCO PRODUCTS: ☐YES ☐ NO CANDY/GUM: ☐YES ☐ NO	
MATCHES: ☐YES ☐ NO LIGHTER: ☐YES ☐ NO ID BRACELET? ☐YES ☐ NO	
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?	☐NONE ☐POOR ☐FAIR ☐ GOOD ☐ 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:	