

Client Number: _____ Frequency: _____



Broome 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: _____ Other _____

Date Transmitter Placed: _____

Facility/Organization: _____ Phone: _____

Address: _____

BCSO Member filling out this form: _____

BCSO Member that places transmitter on: _____

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: _____

School: _____ Schedule _____

Responsible Party for client:

Name: _____ E-Mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Relationship to client: _____

Family/Friend Information

Other persons the resident might contact (family, friends, etc.)

Name: _____ Phone: _____

Address: _____

(Describe please) _____
Medications taken regularly? _____

List any medication using correct name of drug and dosage being taken: _____

Consequences of NOT taking medications? _____

Attending Physician _____ Phone No. _____

Any Psychological Problems? Yes/No Nature _____

If Alzheimer's disease has been diagnosed, Answer the following:

1. Does the Resident remain oriented to Time and Person? Yes/No
Explain _____
2. Does the Resident recognize familiar persons and faces? Yes/No
Explain _____
3. Can the Resident travel to familiar locations? Yes/No
Explain _____
Does the Resident have access to a vehicle? Yes/No
Make _____ Model _____ Color _____ Plate# _____
4. Does the Resident have decreased knowledge of current events or tend to re-live events in his/her life? Yes/No
Explain _____
5. Does the Resident sometimes clothe himself/herself improperly? Yes/No
Example: Putting shoes on the wrong feet, adding underwear over clothing?
Explain if necessary _____
6. Does the Resident remember his/her own name and the names of spouse and or children?
Yes/No
Explain _____
7. What are the Resident's sleep patterns? Explain _____

8. Does the Resident suffer from frequent personality and emotional changes? Yes/No
Explain _____
9. Does the Resident suffer from delusions (See Imaginary Visitors, Talk to his/her own reflection in the mirror, Imagine that their spouse is an imposter, etc?) Yes/NO
Explain _____
10. How good is the Resident's communication ability? None/Poor/Fair/Good/Excellent
(circle one please)

Personal Articles Normally Carried by the Resident: _____

Tobacco Products: Yes/No Type _____ Brand _____

Candy/Gum: Yes/No Brand _____

Matches: Yes/No Lighter: Yes/No Type _____

Food Items: _____

Facial tissue or other pocket/purse items: _____

Approximate Amount of Cash on Hand? \$ _____

Where Normally Carried _____

Handbag, Purse or Wallet:

Description _____ Type _____ Color _____

Access to ATM: Yes/No Bank Name & Location _____

Access to Credit Cards Yes/No Visa/MC/other _____

Jewelry (Please describe) _____

Watch? _____ Type _____ Color _____ Description _____

Cell Phone or Pager: Yes/No (circle one or describe) what's the number _____

Equipment

Cane/Walker/wheelchair _____

Other: _____

Experience

Familiar with area? Yes/No How recently _____ Days/Months/Years

If not local, what other areas are known to Resident? _____

Taken outdoor classes? Yes/No Where? _____ When? _____

Taken first-aid training? Yes/No Where? _____ When? _____

Involved in Scouting? Yes/No Explain _____

Military Experience? Yes/No Where? _____ When? _____

Recreational Outdoor Experience? Yes/No _____

Overnight Camping Experience? Yes/No _____

Ever been lost before? Yes/No Where _____

When _____ Time of Day _____

Located by searchers or walk out by himself/herself? _____

Location found _____

Actions taken _____

Ever go out alone? Yes/No stay on trails? Yes/NO

General Athletic Interest/Abilities _____

Personality Habits

Smoke? Yes/No How often _____ what _____ Brand _____

Drink Alcohol? Yes/No What Type? _____ Brand _____

Use Illicit Drugs? Yes/No How often _____ Type _____

Hobbies/Interests _____

Outgoing or Quiet; Likes Groups or being alone?

Evidence of Leadership Yes/No Explain _____

Ever been in trouble with the law? Yes/NO What _____

Religious? Yes/No what faith _____

What does Resident value most? _____

Which family member is resident closest to? _____ Relationship _____

Where was Resident born and raised? _____

Has Resident received any letter recently? Yes/No from Whom _____

Is resident afraid of Dogs? Yes/No The dark? Yes/No Noises? Yes/NO (circle one beside each)

People? Yes/No Other (explain) _____

How does the resident act if hurt? (Cry, shout, etc.?) _____

Will Resident talk to strangers? Yes/No(circle one)

Use of public transportation: _____

Ability to swim: _____

Is the Resident DANGEROUS to him/herself or others? Yes/No(circle one)

Is there anything else you think we should know about your loved one? _____

Picture of Resident:

Disregard including a photo – We'll take a digital photo when we do a home visit - If you already have a digital photo, please email it to ProjectLifesaver@co.broome.ny.us