

Client Number: \_\_\_\_\_ Frequency: \_\_\_\_\_ ID Number or Code \_\_\_\_\_



**Project Lifesaver of Clinton County**  
201 West Washington Street  
Frankfort, Indiana 46041  
Phone: 765-654-4277 x201 Fax: 765-654-6756

**Client 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. **Return completed applications to Colleen Moore at the Frankfort Police Department.**

**To be filled out by Project Lifesaver**

Date Transmitter Placed: \_\_\_\_\_  
Servicer filling out this form: \_\_\_\_\_  
PL Servicer that places transmitter on: \_\_\_\_\_

**Caregivers Personal Data**

Facility/Organization/Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_

**Clients Personal Data**

Full Name: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Sex: Male/Female Race: \_\_\_\_\_  
Nickname(s): \_\_\_\_\_  
Most recent address: \_\_\_\_\_  
Most recent place of work: \_\_\_\_\_  
Most recent occupation: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_ Living/deceased (circle)

**Family/Friend Information**

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to client: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to client: \_\_\_\_\_

Responsible Party Paying for client: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Description**

Height \_\_\_\_ft. \_\_\_\_in. Weight \_\_\_\_\_lbs. Build \_\_\_\_\_ Complexion \_\_\_\_\_

Hair color \_\_\_\_\_ Hair Style \_\_\_\_\_ Eye Color \_\_\_\_\_

Beard: Yes No Mustache: Yes No Balding: Yes No False Teeth: Yes No

Shape of facial features: Round/Square/Oval/Other \_\_\_\_\_

Distinguishing marks, scars, tattoos, etc. \_\_\_\_\_

General Appearance \_\_\_\_\_

Languages other than English understood? \_\_\_\_\_

Speak? Yes No Read? Yes No Write? Yes No

Wear glasses? Yes No Contacts? Yes No Sunglasses Yes No

If yes to any of the above what style: \_\_\_\_\_

Degree of vision without eyewear? None Poor Fair (circle one)

**Personal Data Questionnaire**

Wear a hearing aid? Yes No What style? \_\_\_\_\_

If yes, what type of hearing without Aid? None/Poor/Fair (circle one)

**Health/Psychological Condition**

Any known physical handicaps? \_\_\_\_\_

Any known medical problems? \_\_\_\_\_

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. Remains oriented to Time and Person? Yes No  
Explain \_\_\_\_\_
2. Recognizes familiar persons and faces? Yes No  
Explain \_\_\_\_\_
3. Able to travel to familiar locations? Yes No  
Explain \_\_\_\_\_
4. Has decreased knowledge of current events or tend to re-live events in his/her life? Yes No  
Explain \_\_\_\_\_
5. Sometimes clothe himself/herself improperly? Yes No  
Example: Putting shoes on the wrong feet, adding underwear over clothing?  
Explain if necessary \_\_\_\_\_
6. Remembers his/her own name and the names of spouse and or children? Yes No  
Explain \_\_\_\_\_
7. Sleep patterns frequent or Sporadic?  
Explain \_\_\_\_\_
8. Suffer from frequent personality and emotional changes? Yes No  
Explain \_\_\_\_\_
9. Suffers 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. Communication ability? None Poor Fair Good Excellent

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 Cash on Hand? \$ \_\_\_\_\_

Where Normally Carried \_\_\_\_\_

Handbag, Purse or Wallet:

Description \_\_\_\_\_ Type \_\_\_\_\_ Color \_\_\_\_\_

Jewelry (Please describe) \_\_\_\_\_

Watch? \_\_\_\_\_ Type \_\_\_\_\_ Color \_\_\_\_\_ Description \_\_\_\_\_

**Equipment**

Cane or /Walker \_\_\_\_\_ Hunting/Fishing, Etc. \_\_\_\_\_ (circle one or describe)

Other: \_\_\_\_\_

**Experience**

Ever go out alone? Yes No Where \_\_\_\_\_  
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? \_\_\_\_\_  
Outdoor Experience? Yes No \_\_\_\_\_  
Camping Experience? Yes No \_\_\_\_\_ Day or Night \_\_\_\_\_  
Ever been lost before? Yes No Where? \_\_\_\_\_  
When \_\_\_\_\_ Time of Day \_\_\_\_\_  
Location found \_\_\_\_\_  
Actions taken \_\_\_\_\_

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 \_\_\_\_\_  
Evidence of Leadership Yes No Explain \_\_\_\_\_  
Any trouble with the law? Yes No Explain \_\_\_\_\_  
Religious? Yes No What faith \_\_\_\_\_  
Received mail recently? Yes No From Whom \_\_\_\_\_  
Afraid of Dogs? Yes No The dark? Yes No Noises? Yes No  
Horses? Yes No People? Yes No Other (explain) \_\_\_\_\_  
Talks to strangers? Yes No  
Dangerous to self/others Yes No

Outgoing or Quiet \_\_\_\_\_ Likes Groups or being alone? \_\_\_\_\_

What does Resident value most? \_\_\_\_\_

Which family member is resident closest to? \_\_\_\_\_ Relationship \_\_\_\_\_

Where was Resident born and raised? \_\_\_\_\_

Reactions to hurt or pain? (Cry, shout, etc.?) \_\_\_\_\_