

Client # _____

Frequency: _____



Project Lifesaver Smith County
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Tyler, Texas 75701
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Search Management Section
Personal Data Questionnaire

This form is designed for Custodial Caregivers 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 for a more effective search response.

Client: _____

Address _____

City _____ State TX Zip _____

Phone _____

Email _____

Date Transmitter Placed: _____

Facility/ Organization: _____ Phone _____

Address: _____

Name of person filling out this form: _____

Date _____

Client's Personal Data

Birthday _____ Sex _____ Race _____

Nickname(s) _____

Most recent address _____

Most recent place of work _____

Most recent Occupation _____

Name of Spouse _____ Living Deceased

Family/ Friend Information

Other persons the Client may contact (family, friends, etc.)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Physical Description

Height _____ Weight _____ Build _____

Hair Color _____ Hair Style _____ Eye Color _____

Complexion _____ Beard Yes No Sideburns 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.
Describe _____

General Appearance _____

If Client does not understand English, what Language is understood? _____

Spoken work only Yes No Written and Spoken Yes No

Does Client wear Glasses? Yes No Contacts Yes No Sunglasses Yes No

If yes to any of the above, What Style _____

If Client wears glasses or corrective eyewear, what degree of vision does he/ she have without the eyewear? None Poor Fair

Personal Data Questionnaire

Does Client wear a Hearing Aid? Yes No What Style _____

If yes, what type of Hearing without Aid? None Poor Fair

Health/ Psychological Condition

Any Known Physical Handicaps? (please describe) _____

Any Known Medical Problems? (please Describe) _____

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

Consequences of NOT taking medications? _____

Attending Physician _____ Telephone # _____

Any Psychological Problems Yes No Nature _____

If Alzheimer’s Disease has been diagnosed, Answer the following:

1. Does the Client remain oriented to Time and Person? Yes No
Explain _____

2. Does the Client recognize familiar persons and faces? Yes No
Explain _____

3. Can the Client travel to familiar locations? Yes No
Explain _____

4. Does the Client have decreased knowledge of current events or tend to re-live events in his/ her life? Yes No
Explain _____

5. Does the Client sometimes clothe him/ herself improperly? Yes No
Explain _____

6. Does the Client remember his/ her own name and the names of spouse and or children? Yes No
Explain _____

7. Are the Client’s sleep patterns regular? Yes No
Explain _____

8. Does the Client suffer from frequent personality and emotional changes? Yes No
Explain _____

9. Does the Client suffer from delusions? Yes No

Explain _____

10. How good is the Clients communication ability? None Poor Fair Good Excellent

Personal Articles Normally Carried by the Client

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 Wallet

Description _____ Type _____

Jewelry (please Describe) _____

Watch (Wrist Pocket)

Type _____ Color _____ Description _____

Equipment

Cane Walker Hunting/ Fishing, Etc.(describe) _____

Other _____

Experience

Familiar with area Yes No How recently _____

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

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 Explain _____

Overnight Camping Experience Yes No Explain _____

Ever been lost before Yes No Where _____ When _____

Located by Searchers or walk out by his/ herself? _____

Actions Taken _____

Ever go out alone? Yes No Where _____

General Athletic Interest/ Abilities _____

Personality/ Habits

Smoke Yes No How Often _____ What _____ Brand _____

Drink Alcohol Yes No Type _____ Brand _____

Use Illicit Drugs Yes No How Often _____ Type _____

Hobbies/ Interests _____

Outgoing Quiet Likes Being in Groups Alone

Evidence of Leadership Yes No Explain _____

Ever been in trouble with the law? Yes No Explain _____

Religious Yes No What Faith? _____

What Does Client Value Most _____

Which family member is Client closest to? _____ Relationship _____

Where was Client born and raised? _____

Has Client received any letters recently? Yes No From Whom _____

Is Client afraid of Dogs Dark Noises Horses People Other

Explain: _____

What actions taken when hurt? (Cry, shout, etc.) _____

Will Client talk to Strangers Yes No

Is the Client DANGEROUS to him/ herself or others? Yes No

Explain _____

Additional Information

See Attached Photo:

Project Lifesaver, Smith County is facilitated by a partnership between the Smith County Sheriff's Department and the *Alzheimer's Alliance Smith County*

