



# Project Lifesaver Client Profile (Child)

## Personal Data Questionnaire

This form is designed for 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 to have the necessary information to establish a more effective search response.

### **CLIENT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_  
Phone  
number(s): \_\_\_\_\_  
School  
Attending: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex  Male  Female Race \_\_\_\_\_

Nickname(s): \_\_\_\_\_

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

### **CAREGIVER(S) INFORMATION:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to  
Client: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Relationship to  
Client: \_\_\_\_\_

**PHYSICAL DESCRIPTION**

Height:		Weight:		Build:	
Hair Color:		Hair Style:		Eye Color:	
Complexion:					
Briefly describe any distinguishing scars, marks or tattoos:					

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

If client does not understand English, what language is understood? \_\_\_\_\_

Does client wear glasses?  Yes  No Does client wear hearing aid(s)  Yes  No

**HEALTH CONDITION**

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

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

List medications taken regularly and dosage:

Attending Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**EXPERIENCE**

Has client ever wandered off?  Yes  No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Located by searchers or returned home on own? \_\_\_\_\_

**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 People  Yes  No

Other (explain)? \_\_\_\_\_

What actions does client take when hurt or frightened? (cry, shout, etc?)	
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Will client talk to strangers?  Yes  No

Is client dangerous to himself/herself/others?  Yes  No

How well does the client communicate verbally?

Not at all       Poor       Fair       Good       Excellent

Does the client wear an ID Bracelet?  Yes  No