



KING GEORGE SHERIFF'S OFFICE PROJECT LIFESAVER

CLIENT BIOGRAPHY

Client number: _____

Transmitter Frequency: _____

This form is designated for Custodial Caregivers to provide, **in advance**, pertinent information that will be useful to Search Teams, should the need arise. Providing the information in advance will assist Search Management Personnel as they will have the necessary information to more effectively search for the client.

Caregiver's Name: _____

Address: _____

City/ State: _____

Home Phone: _____ Cell Phone: _____

Date transmitter was placed: _____ By: _____

CLIENT'S PERSONAL INFORMATION

Client's Name: _____

DOB: _____ Sex: M / F Race: _____

Nickname: _____ SSN: _____

Most recent address: _____

Past residence of significance: _____

Most recent place of employment: _____

Other employment of significance: _____

Location of School: _____

Name of Spouse: _____ Living/ Deceased

As Caretaker, do you give the King George Sheriff's Office permission to use the Client's photograph in presentations or brochures used to promote the Project Lifesaver Program?

Yes _____ No _____ Caregiver's signature _____

I understand that I will not be denied access based on my inability to pay the King George Sheriff's Office to participate in the Project Lifesaver Program. Any moneys given to the Program will be a voluntary donation to the Program, and on a cost recovery basis.

Caregiver's signature: _____

PHYSICAL DATA

Height: _____ Weight: _____ Build: _____ Hair (color, Length): _____

Eye Color: _____ Complexion: _____ Facial Hair: _____

Sideburns: _____ Scar/ Tattoos: _____

Glasses: Y / N (type) _____

Hearing Aid: Y / N Condition of Hearing: _____

Can Client Speak: Y / N Other Languages: _____

Any Handicaps: _____

Medical Problems:

Medications:

Attending Physician: _____ Telephone: _____

FAMILY/ FRIEND INFORMATION

Other Individuals that the Client may try and contact (friends, family, etc.)

Name: _____ Phone: _____

Address: _____ Phone: _____

Name: _____ Phone: _____

Address: _____ Phone: _____

1. Does the Client remain oriented to Time, Place and Person? Y / N

Explain: _____

2. Does the Client recognize familiar persons and faces? Y / N

Explain: _____

3. Does the Client drive a vehicle? Y / N

If yes, describe vehicle: _____

4. Does the Client travel to familiar locations? Y / N

Explain: _____

5. Does the Client have a decreased knowledge of current events? Y / N

6. Does the Client seem to re-live events in His/ Her life? Y / N

If yes, explain: _____

7. Does the Client sometimes dress inappropriately? Y / N
 8. Does the Client remember His/ Her name? Y / N
 9. Does the Client remember the names of spouse or children? Y / N
 Which ones? _____

10. Does the Client have a regular sleep pattern? Y / N
 11. Does the Client suffer from frequent personality/ emotional changes? Y / N
 Explain: _____

12. How well are they able to communicate? _____
 13. Does the Client have any Hobbies? (Hunting, fishing, golf,etc.) Y / N
 Explain: _____

PERSONAL ITEMS USUALLY CARRIED BY THE CLIENT

Tobacco: Y / N Type: _____ Brand: _____
 Alcohol: Y / N Type: _____
 Illicit Drugs: Y / N Explain: _____
 Candy/ Gum: Y / N Brand: _____
 Matches: Y / N Lighter: Y / N Type: _____
 Food Items: _____
 Other Items: _____

Approximate Amount of Cash on Hand: _____
 Where is it carried? _____
 Handbag/ Purse/ Wallet: (Describe) _____
 Jewelry: (Describe) _____
 Cane/ Walker: _____

Is Client familiar with the area? Y / N
 Has Client taken any recent trips? (even locally): _____

Military Experience? Y / N _____
 Ever Wandered Before? Y / N
 If yes, explain: _____

Where Found: _____

PERSONALITY/ HABITS

Is the Client ever allowed to go out alone? Y / N
 Is the Client: Outgoing Quiet
 Do they like: Groups Being Alone
 Have they been in trouble with the law? Y / N
 Religious? Y / N What faith: _____
 What does the Client value the most? _____
 Where was the Client born and raised: _____
 Is the Client afraid of: Dogs Cats Dark Noises Horses People Police Vehicles

Other: _____

What action does the Client take when hurt? _____

Will the Client talk to Strangers? _____

Is the Client Dangerous to Him/ Herself or Others? **Y / N**

Attach recent photo here