



Monongalia County Sheriff's Office
 116 Walnut Street
 Morgantown, WV 26505
 (304) 291-7260



Monongalia County Project Lifesaver Confidential Client Profile

Transmitter Frequency Number: _____ **Tests At:** _____
 Project Lifesaver Staff Installing Transmitter: _____ Issue Date: _____
 Name of Client (Include Nickname): _____
 Current Address: _____ Years at Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Detailed Directions to Residence:

Is there more than one primary residence?: Yes No If Yes, also complete page # 4

Client Personal Data:

DOB: _____ Age: _____ Race: _____

Physical Limitations:

Known Medical Problems/Diagnosis:

Regular Medications:

Behavior or Reaction When Not Taking Medications:

Known Allergies: _____

Attending Physician: _____ Phone: _____



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Most Recent Occupation: _____ Location: _____

Prior Occupation: _____ Location: _____

Other Places Client Spends Time:

Physical Description of Client

Height: _____ ft. _____ in. Weight: _____ lbs Build: _____

Hair Length and Color: _____ Eye Color: _____

Complexion: _____ Facial Hair (Describe): _____

Distinguishing Marks: _____

Eyewear (Describe): _____

General Appearance: _____

Client Use Walker, Cane Etc.?: _____

Description of Jewelry: _____

Description of Wallet or Purse: _____

Amount of Money Carried: _____ Brand of Tobacco Products if Used: _____

Other Personal Items Carried: _____

Hobbies and Interests:

What Does Client Always Take With Them When Going Out?:

Name of Spouse: _____ Living? Yes No

Address of Spouse: _____

City: _____ State: _____ Phone: _____



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Primary Care Giver:

Address: _____

City: _____ State: _____ Phone: _____

Children and Friends of Client:

Name	Address	Phone	Relationship

Is client a Danger to Himself/Herself? Yes No Talk to Strangers? Yes No

Will Client Respond to His/Her Name if Called Out? Yes No

Does the Client Drive? Yes No

Access to a Vehicle? Yes No

If yes, Model Year: _____ Make: _____ Model: _____

Color: _____ Registration State/Number: _____

Additional Description of Vehicle: _____

Is Client Time Oriented? Yes No _____

Does Client Recognize Familiar Faces? Yes No _____

Is Client Familiar with Current Events? Yes No _____

Can Client Walk to Familiar Locations Without Caregiver? Yes No _____

Does Client Spend Part of the Day in the Care of Another Person? Yes No

If So, Who, When, and Where? _____

Does Client Sometimes Dress Inappropriately? Yes No _____

Have Client's Sleeping Habits Changed Recently? Yes No

If Yes, Describe Changes: _____

Client's Communication Skills: Good Fair Poor Client is Non-Verbal

Has Client Been Lost Before? Yes No When? _____

Was Law Enforcement/Rescue Called? Yes No



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Where Was Client Found? _____

Elapsed Time From Discovered Missing Until Recovery? _____

Current Address: _____ Years at Address: _____

City: _____ State: _____ Phone: _____

Detailed Directions to Residence:

Comments:

Who referred you to Project Lifesaver? _____

Project Lifesaver Staff Member Completing This Form: _____

Day Phone: _____ Cell Phone: _____

Night Phone: _____

Distribution:

Original to Sheriff's Office