



Les Taylor
Sheriff

WINCHESTER CITY SHERIFF'S OFFICE

5 N. Kent Street, Winchester, Virginia 22601
Phone – 540-667-5770



Personal Data Questionnaire

DO NOT WRITE- OFFICIAL USE ONLY

Client Number: _____ Frequency: _____ Team Member Initials: _____

This form is designed for Custodial Care Givers to provide, in advance, certain information that will be useful to Project Lifesaver team members and, should the need arise, searchers. Providing the information in advance of the need will give team members the necessary information to provide a more effective response.

Client Name: _____

Address: _____

City/State: _____ ZIP: _____

Phone: _____

Caregiver Name: _____

Address: _____

City/State: _____ ZIP: _____

Phone: _____ Email: _____

Client/Caregiver Preliminary Questions:

Date: _____

1. Does the client presently operate a motor vehicle? Yes/ No
2. Does the client have a history of aggressive or violent behavior? Yes/ No

3. Are you as the caregiver willing to abide by the requirements of the program? Yes/No
4. Are "temporary caregivers" outside the home, willing to abide by the program requirements? Yes/No
5. Will the client be willing to wear the transmitter on wrist or ankle at all times? Yes/No
6. Is the client continually supervised, twenty-four hours a day, seven days a week? Yes/No
7. Does the client attend school or other supervised care program outside the home? Yes/No

Date Transmitter Placed: _____

Facility/Organization: _____ Phone: _____

Address: _____

Name of Person filling out this form: _____

Client's Personal Data

Birthdate: _____ Mental Capacity Age: _____ Sex: Male/Female Race: _____

Nickname(s): _____

Most recent address: _____

Most recent place of employment: _____

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: _____

Name: _____ Phone: _____

Address: _____

Client Physical Description

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

Is the Client able to communicate? Circle all that apply: Speak/ Write/ Sign/ Mute/ Deaf/ Other?

Explain: _____

Client's level of communication comprehension: _____

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

Is the Client able to read? Yes/ No Reading Level: _____

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

If yes to any of the above, what style? _____

What degree of vision does the Client have without eyewear? None/ Poor/ Fair/ Good

Does the Client wear a Hearing Aid? Yes/ No If so, what style? _____

What degree of hearing does the Client have without an Aid? None/ Poor/ Fair/ Good

Health/Psychological Condition

List all Physical Handicaps:

Physical Handicap 1: _____

Explanation of Physical Handicap 1: _____

Physical Handicap 2: _____

Explanation of Physical Handicap 2: _____

List all Medical Handicaps:

Medical Handicap 1: _____

Explanation of Medical Handicap 1: _____

Medical Handicap 2: _____

Explanation of Medical Handicap 2: _____

Medical Handicap 3: _____

Explanation of Medical Handicap 3: _____

List all Medications:

Drug 1: _____ Dosage: _____

Reason: _____

Consequences of **NOT** taking this medication: _____

Drug 2: _____ Dosage: _____

Reason: _____

Consequences of **NOT** taking this medication: _____

Drug 3: _____ Dosage: _____

Reason: _____

Consequences of **NOT** taking this medication: _____

Attending Physician: _____ Phone: _____

List all Psychological Handicaps:

Psychological Handicap 1: _____

Explanation of Psychological Handicap 1: _____

Psychological Handicap 2: _____

Explanation of Handicap 2: _____

Psychological Handicap 3: _____

Explanation of Psychological Handicap 3: _____

Does Client have any mobility problems? Yes/ No If Yes, what problems: _____

If Alzheimer's disease has been diagnosed, answer the following:

Does the Client remain oriented to Time and Person? Yes/ No

Explain: _____

Does the Client recognize familiar persons and faces? Yes/ No

Explain: _____

Can the Client travel to familiar locations? Yes/ No

Explain: _____

Does the Client have decreased knowledge of current events or tend to re-live past event? Yes/ No

Explain: _____

Does the Client sometimes dress improperly? Yes/ No

Explain: _____

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

Explain: _____

Are the Client's sleep patterns frequently altered? Yes/ No

Explain: _____

Does the Client suffer from frequent personality and emotional changes? Yes/ No

Explain: _____

Does the Client suffer from delusions (See imaginary visitors, talk to her/her own reflections in the mirror, imagine that their spouse is an imposter, etc)? Yes/ No

Explain: _____

How good is the Client's 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 or Wallet (describe): _____

Jewelry (describe): _____

Watch (describe): _____

Cane/Walker: Yes/ No Describe: _____

Hunting/Fishing equipment: _____

Other: _____

Experience

Is the Client familiar with the area? Yes/ No Length of residence? _____

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

Has Client taken outdoor classes? Yes/ No Explain: _____

Has Client taken First Aid training? Yes/ No Explain: _____

Was Client involved in Scouting? Yes/ No Explain: _____

Does Client have Military experience? Yes/ No Explain: _____

Recreational outdoor experience? Yes/ No Explain: _____

Overnight Camping experience? Yes/ No Explain: _____

Ever been lost before? Yes/ No Where/When: _____

Was Client found or walked out on own? _____

Location found: _____

Actions taken: _____

Does Client ever go out alone? Yes/ No Explain: _____

Does Client stay on trails? Yes/ No Explain: _____

General athletic interest/abilities: _____

Personality/Habits

Does the Client drink Alcohol? Yes/ No Explain: _____

Does the Client use Illicit Drugs? Yes/ No Explain: _____

Hobbies/Interests: _____

Does the Client swim or participate in water based activities? Yes/ No Explain: _____

Is Client Outgoing or Reserved (likes groups or being alone)? Outgoing/ Reserved/ Neither Extreme

Does the Client show evidence of Leadership? Yes/ No Explain: _____

Has the Client ever been in trouble with the law? Yes/ No Explain: _____

Is the Client Religious? Yes/ No Explain: _____

What Faith? _____

What physical items does the Client value most? _____

Which Family Member is the Client closest to? _____

What is the nature of their relationship (relative, friend)? _____

Where was the Client born and raised? _____

Has the Client received a letter recently? Yes/ No From whom: _____

Is the Client afraid of: dogs, the dark, noises, horses, people, other?

If Other, describe: _____

What action does the Client take when hurt? Cry, shout, remain silent, other.

If Other, describe: _____

Will the Client talk to strangers? Yes/ No Will the client approach strangers? Yes/ No

Does the Client have access to a vehicle? Yes/ No If so, please describe it completely: _____

Is the Client **DANGEROUS** to themselves or others? Yes/ No / Themselves/ Others

Explain: _____

What other information do you feel needs to be shared concerning the Client? _____

School Information

Name: _____

Address: _____

Hours: _____

How is the client transported to and from school? _____