Project Lifesaver Baldwin County

Personal Data Questionnaire

This form is designed for *Custodial Care Givers* 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 do their job faster, when needed.

Participant: ____

Address____

City/State: __________________________________ZIP: ___________________________

PHONE: ___________________________________

Participant's Personal Data

Birthdate______________________________Sex: M / F Race___________________________

Nickname(s): ____
____

Most Recent Address____

Most Recent Place of Work:____

Most Recent Occupation: ____

Name of Spouse:_________________________Living / Deceased (circle)

Family/Friend Information

Emergency Contact information

Name______________________________Address______________________________________

Phone: ___________________________ Relation: ________________________________

Name______________________________Address______________________________________

Phone: ___________________________ Relation: ________________________________

Name______________________________Address______________________________________

Phone: ___________________________ Relation: ________________________________

Physical Description

Height _____ ft ____in. Weight ________lbs. Build _____________________

Hair Color:__________Hair Style:_________________Eye Color:_______

Complexion:__________Beard: Yes/ No Sideburns: Yes/ No (circle one)

Mustache: Yes/ No Balding: Yes / No False Teeth: Yes / No (circle one on each)

Shape of Facial Features: Round/ Square/ Oval/other

Distinguishing Marks (Scars, Tattoos, Etc.) Describe:____________________

General Appearance: ____

If Participant does not understand English, what Language is understood?______________

Spoken word only Yes / No (circle one) or Written / Spoken (circle one)

Does Participant Wear Glasses? Yes / No Contacts? Yes / No Sunglasses? Yes / No

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

If participant wears glasses or corrective eyewear, what degree of vision does he/she have without the eyewear? None/Poor/Fair (circle one)

Does Participant wear a Hearing Aid? _____________ What Style?_________________

If yes, what type of Hearing without Aid? None / Poor /Fair (circle one)

Does Participant have access to a vehicle? Yes /No
Description _________________________________
Tag Number ___________________

Health/Psychological Condition

Any known physical handicaps? _____________________________________
(Describe please)
Any know Medical Problems? _________________________________
(Describe Please)
Medications taken regularly?____
List any medications using correct name of drug and dosage taken:
____
____
____

Consequences of NOT taking medications?
____
____

Attending Physician:_______________Telephone No. ( )_____________________
____

Any Psychological Problems? Yes/No Nature: ____

Additional Questions:

Does the Participant remain oriented to Time and Person? Yes / No
Explain: ____

Does the Participant recognize familiar persons and faces? Yes / No
Explain: ____

Can the Participant travel to familiar locations? Yes /No
Explain: ____

Does the Participant have decreased knowledge of current events or tend to re-live events in his/her life? Yes / No
Explain: ____

Does the Participant sometimes clothe themselves improperly? Yes / No Example: Putting shoes on wrong feet or adding underwear over clothing?
Explain: ____

Does the Participant remember their own name and names of spouse and/or children? Yes / No
Explain: ____

Are the Participant's sleep patterns frequent? Yes/ No
Explain: ____

Does the Participant suffer from frequent personality and emotional changes? Yes / No
Explain: ____

Does the Participant suffer from delusions (See imaginary visitors, talk to him/her own reflection in the mirror, Imagine that their spouse is an imposter, etc) Yes / No
Explain: ____

Additional information you would like to provide regarding your loved one (habits, favorite places, have they wandered before?)

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