



Project Lifesaver of Washington County, Maryland
Attention: PLS Coordinator
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Project Lifesaver® Client Profile

Date: _____

Client: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____

Client's Personal Data

Birthday: _____ Sex: Male/Female Race: _____

Nickname(s): _____

Most recent address: _____

Most recent place of work: _____

Most recent occupation: _____

Name of Spouse: _____ Living/deceased (circle)

Caregiver Information

Primary Caregiver Name: _____

Email Address: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Caregiver Name: _____

Email Address: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Family/Friend Information
(Other persons the client may contact)

Name: _____

Relationship to client: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Name: _____

Relationship to client: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Client Primary Diagnosis/Condition

Diagnosis: _____

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: _____

If client does not speak English, what language is understood? _____

Spoken word only: Yes/No Written/Spoken: Yes/No

Does client wear glasses? Yes/No Contacts: Yes/No Sunglasses: Yes/No

If yes to any of the above what style:

If client wears glasses or corrective eyewear what degree of vision does s/he have when not using the eyewear? None/Poor/Fair

Does the client wear a hearing aid? Yes/No What style? _____

If yes, what level of hearing without aid? None/Poor/Fair

Health/Psychological Condition(s)

Any known physical handicaps?

(Describe please)

Any other medical problems?

(Describe please)

List client's medications and dosages if known:

Consequences of NOT taking medications?

Any psychological problems? Yes/No

Nature of problem? _____

Attending Physician: _____ Phone: _____

Past Experiences

Is client familiar with area? Yes/No

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

Has the client been lost or wandered before? Yes/No

Where? _____

When? _____ Time of Day _____

Was the client located by searchers or return on their own? _____

Location found: _____

Personality Habits

Hobbies/Interests: _____

Is the client outgoing or quiet? _____

What does client value most? _____

Which family member is client closest to? _____

Relationship to client? _____

Where was client born and raised? _____

Does the client have any specific fears? (circle)

Dogs? Yes/No The dark? Yes/No Noises? Yes/No Horses? Yes/No

Storms? Yes/No People? Yes/No Other (explain) _____

What does the client do if frightened or hurt? (Cries, shouts, run away, hides, etc.)

Will the client talk to strangers? Yes/No

Is the client dangerous to him/herself or others? Yes/No

Questions pertaining to Alzheimer's Clients Only

1. Does the client remain oriented to time and person? Yes/No

Explain: _____

2. Does the client recognize familiar persons and faces? Yes/No

Explain: _____

3. Can the client travel to familiar locations? Yes/No

Explain: _____

4. Does the client have decreased knowledge of current events or tend to re-live events in his/her life? Yes/No

Explain: _____

5. Does the client sometimes clothe himself/herself improperly? Yes/No
(Ex - putting shoes on the wrong feet, adding underwear over clothing, etc)

Explain, if necessary: _____

6. Does the client remember his/her own name and the name of spouse and/or children? Yes/No

Explain: _____

7. Are the client's sleeping patterns normal? Yes/No

Explain: _____

8. Does the client suffer from frequent personality or emotional changes? Yes/No

Explain: _____

9. Does the client suffer from delusions (imaginary visitors, talk to his/her own reflection in the mirror, imagine that their spouse is an imposter, etc.) Yes/No

Explain: _____

10. What personal articles are normally carried by the client?

Description: _____