



Randolph County Sheriff's Office  
32 Randolph Avenue Suite 201  
Elkins, WV 26241  
(304) 636-2111



### Randolph 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:

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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:

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Regular Medications:

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Behavior or Reaction When Not Taking Medications:

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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: \_\_\_\_\_

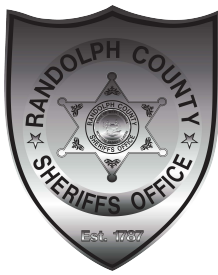
Hobbies and Interests:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:

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\_\_\_\_\_

**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