Client Number _____ Frequency 206. _____

COLORADO LIFE TRAK

Teller County Sheriff's Office

PERSONAL DATA QUESTIONNAIRE

This form is designed for care givers to provide, in advance, certain information that will be useful for search teams, should the need arise. Providing the information in advance of the need will allow search management personnel the necessary information for a more effective search response.

Client Name: first, middle, last _____
Nick Names(s) That the Client uses: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Facility / Organization: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Person filling out this form: _____
Date transmitter placed: _____

Date of Birth _____ Sex:_____ Race: _____
Height: _____ Weight: ___ Build: _____ _____ Hair Color: _____ Eye Color: _____
Complexion: _____ Beard: _____ Mustache: __ Sideburns: ____
Balding: _____ False Teeth: _____ Glasses: _____ Contacts: _____
Style of glasses: _____
Without glasses, how is the client's vision? _____
Hearing aid:
Style of hearing aid _____
Without hearing aid, how is the client's hearing? _____
Scars / Marks / Tattoos: _____
Most Recent Address: _____
Most Recent Occupation: _____ Where: _____
Name of Spouse: _____ Living / Deceased _____
Does the client speak any other language? _____
Does the client read /write? _____
Physical Handicaps: _____
Medical Problems: _____
Psychological Problems: _____
Medications: _____
Consequences of not taking meds _____
Physician: _____ Phone: _____

Care Giver

Name: _____
Relationship: _____
Address: (If different) _____
City: _____ State: _____ Zip: _____
Phone Home: _____ Work: _____ Cell: _____

Other Family / Friends in the area

Name(s): _____
Address: _____
Phone Home: _____ Work: _____ Cell: _____

Name(s): _____
Address: _____
Phone Home: _____ Work: _____ Cell: _____

Name(s): _____
Address: _____
Phone Home: _____ Work: _____ Cell: _____

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

Yes or No

1. Does the client remain oriented to Person, Place, and Time?
   Explain: _____
2. Does the client recognize familiar people and faces?
   Explain: _____
3. Can the client travel to familiar locations on their own?
   Explain: _____
4. Does the client have decreased knowledge of current events, or tend to re-live events in his / her life?
   Explain: _____
5. Does the client sometimes clothe him / her self improperly?
   Explain: _____
6. Does the client remember his / her own and the name of spouse / children?
   Explain: _____
7. Does the client have frequent sleep patterns?
   Explain: _____
8. Does the client suffer from frequent personality and emotional changes?
   Explain: _____
9. Does the client suffer from delusions (audible or visual)?
   Explain: _____
10. How good is the client's communication ability? None, poor, fair, good, excellent.
11. Is the client a danger to self or others?_____