

Client Number: _____

Client Startup Date: _____



PROJECT LIFESAVER of Johnson County

Personal Data Questionnaire

This form is designed to provide client information that will be useful to Project Lifesaver team members and search teams should the need arise. Providing this information, in advance, will assist team members in providing a more effective response, should the client go missing.

Please complete this form to the best of your ability. If additional space is needed, feel free to write in the margins or add additional pages as necessary.

Client Information:

Client Name: _____
First Middle Last Nickname

Gender: *Male Female* Date of Birth (MM/DD/YYYY): _____
(Circle One)

Height: _____ Weight: _____ Skin Color: _____

Eye Color: _____ Hair Color: _____

Medical Condition(s): _____

Medical Comments: _____

Distinguishing Marks: _____
(Marks, scars, tattoos, etc.)

E-mail recipient: _____

Additional e-mail recipient #1: _____

Additional e-mail recipient #2: _____

Client Number: _____

Client Startup Date: _____

Client's Residence:

Home Address: _____
Street Address – including apartment, suite numbers, etc.

City State Zip Code Country

Phone Number: _____ Phone Number #2: _____

Residence Notes: _____

Caregiver Information:

Caregiver #1

Name: _____
First Last

Address: _____
Street – including apartment, suite numbers, etc.

City State Zip Code Country

Phone Number #1: _____ Phone Number #2: _____

Caregiver Notes: _____

Caregiver #2

Name: _____
First Last

Address: _____
Street – including apartment, suite numbers, etc.

City State Zip Code Country

Phone Number #1: _____ Phone Number #2: _____

Caregiver Notes: _____

Client Number: _____

Client Startup Date: _____

Caregiver #3

Name: _____
First Last

Address: _____
Street – including apartment, suite numbers, etc.

City State Zip Code Country

Phone Number #1: _____ Phone Number #2 _____

Caregiver Notes: _____

