

CLIENT PROFILE

Client Name								
PLU Frequency			Spillman Number			(Attach Photo Here)		
PLO Frequency			Spiliman Number					
Transmitter ID	Transmitter ID		Date Issued					
					J	Date of Photo		
CLIENT'S GENERAL INFORMATION								
Name					Date o	f Birth		
Home Address			Phone Number		Cell	Cell Phone Carrier		
Email			Driver's License/ID Number		State			
Sex	Race		Height		Build			
Jex	Nace					Bulla		
			Feet	Inches				
Weight	Hair		Hair Style		Beard			
lb					○ Yes	○ No		
Complexion		Еу	res		Glasses			
					Yes	○ No		
Nicknames			Scars / Birthmarks / Tattoos					
Primary Care Doctor				Phone	Number			
		Sch	ool and Address					
		_ Sell	oorana nadress					
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EMERGENCY CONTACT INFORMATION

Primary Caregiver			Care	Caregiver Relationship to Client			
		Ac	ddress				
Phone Number		Secondary Phone Number		Email			
	CIT	FAIT DIACNOSIA	S & MEDICAL HISTO) DDV			
	CLI		Diagnosis	JKY			
What ages was client diagnosed?		Date of Diagnosis					
History of Wandering		If yes, How many?		When was last incident?			
Yes	○ No						
		Any favorite	places, friends, obsess		ndering will occur aga		
	Cau	utions: (please ma	rk all that apply to clic	ent)			
Alcoholic	Orug User	Escape Risk	Medication Required	Sight Impaired	○ Violent Tendencies		
Allergies	Emotionally Disturbed	Hearing Impaired	Mental Patient	Special Needs	Other:		
O Diabetic	Epilepsy	Heart Condition	O Non-Verbal	Suicidal			
		Explain any	checked above				
	Pleas	e list all medicatio	ns, dosage and when	taken			

Please tell us about the client. (likes, dislikes, stressors, triggers, fears, obsessions, etc.)				
By signing below, I indicate that I understand the above and authorize Office to add the information provided to their computer files for use This information will also be used by the Fort Bend County Sheriff and Patrol officers in the event my loved one	ise in the event of an emergency. If's Office Project Lifesaver Team			
Once enrolled, it is very important that the information b	e updated as required.			
I understand that I am responsible for notifying the Fort Ben	d County Sheriff's Office:			
Michael Kahlenberg				
Email: michael.kahlenberg@fortbendcou				
Office Number 281-341-9262 or Cell Phone: 832-612-4344 who	en any information changes.			
Responsible Party / Caretaker	Date			