



### CLIENT PROFILE

Client Name	
PLU Frequency	Spillman Number
Transmitter ID	Date Issued

(Attach Photo Here)

\_\_\_\_\_

Date of Photo

### CLIENT'S GENERAL INFORMATION

Name		Date of Birth	
Home Address		Phone Number	Cell Phone Carrier
Email		Driver's License/ID Number	State
Sex	Race	Height	Build
		_____ Feet _____ Inches	
Weight	Hair	Hair Style	Beard
_____ lb			<input type="radio"/> Yes <input type="radio"/> No
Complexion	Eyes	Glasses	
		<input type="radio"/> Yes <input type="radio"/> No	
Nicknames		Scars / Birthmarks / Tattoos	
Primary Care Doctor		Phone Number	
School and Address			

## EMERGENCY CONTACT INFORMATION

Primary Caregiver		Caregiver Relationship to Client
Address		
Phone Number	Secondary Phone Number	Email

## CLIENT DIAGNOSIS & MEDICAL HISTORY

Clinical Diagnosis		
What ages was client diagnosed?		Date of Diagnosis
History of Wandering	If yes, How many?	When was last incident?
<input type="radio"/> Yes <input type="radio"/> No		

Details of Wandering Incidents	On a scale of 1-10, How concerned are you that wandering will occur again?
<hr/> <hr/> <hr/>	<hr/>

Any favorite places, friends, obsessions
<hr/> <hr/>

Cautions: (please mark all that apply to client)					
<input type="radio"/> Alcoholic	<input type="radio"/> Drug User	<input type="radio"/> Escape Risk	<input type="radio"/> Medication Required	<input type="radio"/> Sight Impaired	<input type="radio"/> Violent Tendencies
<input type="radio"/> Allergies	<input type="radio"/> Emotionally Disturbed	<input type="radio"/> Hearing Impaired	<input type="radio"/> Mental Patient	<input type="radio"/> Special Needs	<input type="radio"/> Other: _____
<input type="radio"/> Diabetic	<input type="radio"/> Epilepsy	<input type="radio"/> Heart Condition	<input type="radio"/> Non-Verbal	<input type="radio"/> Suicidal	_____

Explain any checked above
<hr/> <hr/>

Please list all medications, dosage and when taken
<hr/>

**Please tell us about the client. (likes, dislikes, stressors, triggers, fears, obsessions, etc.)**

---

---

---

---

---

---

---

---

---

---

---

---

Page 3 of 3