

Prince George Sheriffs Office
Project Lifesaver Client Profile

Client: _____ Frequency # _____

Address: _____ City/County: _____

Zip: _____ Phone: _____ Cell: _____

Date Transmitter Placed: _____

Spouse: _____ Son/Daughter: _____

Mother/Father: _____

Personal Data

DOB: _____ Sex: Male/Female Race: _____

Nickname: _____ Born/Raised: _____

Height: _____ Weight: _____ Build: _____

Hair Color: _____ Hair Style: _____ Eye Color: _____

Complexion: _____ Beard: Yes/No Mustache: Yes/No False Teeth: Yes/No

Glasses: Yes/No Contacts: Yes/No Hearing Aid: Yes/No

Distinguishing scars, marks or tattoos: _____

Language: English: Yes/No Other: _____

Religious: Yes/No Faith: _____

Afraid Of: Dogs: Yes/No The Dark: Yes/No Noises: Yes/No People: Yes/No

Other: _____

Will Talk to Strangers: Yes/No

Personal Articles Normally Carried or Used:

Tobacco Products: Yes/No Brand: _____ Alcohol: Yes/No

Candy/Gum: Yes/No Brand: _____ Purse/Wallet: Yes/No Cash: Yes/No

Watch: Yes/No Brand: _____ Jewelry: _____

Other: _____

Other Persons Client My Contact:

Name: _____ Phone: _____

Relationship: _____

Address: _____

Name: _____ Phone: _____

Relationship: _____

Address: _____

Medical

Attending Dr. _____ Phone: _____

Medication:

Medical History:

Physical Handicaps? _____