# Mesa County Sheriff's Office

**Sheriff Stan Hilkey**

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# Colorado Life Trak

## Application

Mesa County Sheriff's Office
215 Rice Street
Grand Junction, Colorado 81501
Phone: 970-244-3500 / Fax: 970-244-3503

### PERSONAL DATA QUESTIONNAIRE & APPLICATION

**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: M / F Race: _____
Height: _____ Weight: _____ Build: _____ Hair Color: _____ Eye Color: _____
Complexion: _____ Beard: Y / N Mustache: Y / N Sideburns: Y / N
Balding: Y / N False Teeth: Y / N Glasses: Y / N Contacts: Y / N
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? Y/N _____
Does the client read / write? Y/N
Physical Handicaps: Y/N _____
Medical Problems: Y/N _____
Psychological Problems: Y/N _____
Medications: Y/N _____
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: _____

**Has Alzheimer's been diagnosed? Yes or No**

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?
12. Has the client ever wandered off before? If yes, how many times?

## Personal Articles Normally Carried by the Client

Tobacco Products: Y / N Type: _____ Brand: _____
Matches: Y / N Lighter: Y / N Type: _____
Candy: Y / N Brand: _____ Gum: Y / N Brand: _____
Food Items: _____
Facial Tissue or handkerchief: Y / N _____
Other Pocket / Purse Items: _____
Amount of cash on hand: _____ Where Carried:
Hand Bag / Purse / Wallet: Color: _____ Description: _____
Watch: Y / N Describe: _____
Jewelry: Y / N Describe: _____
Cane / Walker: Y / N Describe: _____
Other: _____

## Outdoor Experience

Taken any outdoor classes: Y / N _____
Any First Aid Training: Y / N _____
Ever involved in scouts: Y / N _____
Military Experience: Y / N _____
Recreational Outdoor experience: Y / N _____
Overnight camping experience: Y / N _____
Ever been lost before? Y / N Where? _____ When? _____
Located by searches of by self? _____
General Athletic Abilities / Interests: _____

## Personalities, Interests, and Habits

Drink Alcohol? Y / N How often? _____ What Brand? _____
Smoke? Y / N How often? _____ What Brand? _____
Hobbies: _____
Leadership Experience: _____
Does the client like to be alone and quiet, or in a group and outgoing? _____
Ever been in trouble with the law? Y / N _____

Religious: Y / N Religion: _____
Which family members if the client closest to? _____
Where was the client born and raised? _____
Does the resident have any fear of: _____
Strangers: Y / N _____
Dogs: Y / N _____
Horses: Y / N _____
Helicopters: Y / N _____
Other: _____
What actions would the client take if hurt / injured? _____
Will the client talk to strangers? Y / N _____
Is the client ever a danger to self / others? Y / N

**Return Application to: Lt. Jim Fogg, Mesa Co. Sheriff's Office 215 Rice St, Grand Junction, CO 81502**