



Autism & Intellectual Disability Services

5276 Highway 17 Business

Murrells Inlet, SC 29576

P: 843-449-0554

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## Horry County Project Lifesaver Application

Date\_\_\_\_\_

Client Full Name\_\_\_\_\_

Client Address\_\_\_\_\_

Care Givers Name(s)\_\_\_\_\_

phone#\_\_\_\_\_ cell#\_\_\_\_\_ email\_\_\_\_\_

### Client Information:

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Glasses or Contacts Y/N \_\_\_\_\_

Hair Color \_\_\_\_\_ Hair Style \_\_\_\_\_ Bald Y/N \_\_\_\_\_ Hearing Aid Y/N \_\_\_\_\_

Is your member a runner? y/n, if yes explain \_\_\_\_\_

Have you ever had to call the police? If yes, explain \_\_\_\_\_

Facial Hair: mustache, beard, sideburns etc. \_\_\_\_\_

Scars, marks and or tattoos: \_\_\_\_\_

Primary Language Spoken \_\_\_\_\_ Secondary Language Y/N \_\_\_\_\_

Verbal or Non-Verbal \_\_\_\_\_

Sign Language Y/N Does client use any other form of communicating Y/N \_\_\_\_\_

Does client drive or have access to a vehicle? (If yes, describe vehicle and plate number):

\_\_\_\_\_

Medical Diagnosis: (you will need to provide a copy of your diagnosis)

\_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

Attending Physician Name & Number: \_\_\_\_\_

Please describe the best way to approach client if he/she is lost \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any, name a few key words or phrases to get clients attention (if they have a favorite food, song, friends name etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments or  
Questions: \_\_\_\_\_

\_\_\_\_\_



**Horry County Public Safety/City of Myrtle Beach**