

Project Lifesaver Association of Nova Scotia

Client Data Collection Form

| | | |
|---------------------------|----------------------------------|-----------------------------------|
| Starting Date in Program: | <input type="text"/> | YYYY/MM/DD |
| Client Member ID: | <input type="text"/> | |
| Client First Name | <input type="text"/> | |
| Client Middle Name | <input type="text"/> | |
| Client Last Name | <input type="text"/> | |
| Client Nickname | <input type="text"/> | |
| Gender | Male / Female | |
| Primary Battery Changer | <input type="text"/> | |
| Secondary Battery Changer | <input type="text"/> | |
| Client DOB | <input type="text"/> | YYYY/MM/DD |
| Client Height | <input type="text"/> | Inches |
| Client Weight | <input type="text"/> | Pounds |
| Client Skin Color | <input type="text"/> | Fair / Med-Fair / Med-Dark / Dark |
| Client Eye Color | <input type="text"/> | |
| Client Hair Color | <input type="text"/> | |
| Client Photo | NO / YES - Date Stamped on Photo | |
| Medical Condition | <input type="text"/> | |
| Medical Comments | <input type="text"/> | |
| Agent Email Address | <input type="text"/> | |

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| | |
|---------------------------|--|
| Client Country | Canada |
| Client Civic Address 1 | <input type="text"/> |
| Client Civic Address 2 | <input type="text"/> |
| Client City / Community | <input type="text"/> |
| Client Province | Nova Scotia |
| Client Postal Code | <input type="text"/> |
| Primary Phone | <input type="text" value="(902)"/> |
| Secondary Phone | <input type="text" value="(902)"/> |
| Map Book Page | <input type="text"/> |
| Map Book Grid | <input type="text"/> |
| GPS Position / NAD83 | <input type="text" value="T"/> <input type="text" value="N"/> <input type="text" value="E"/> |
| AOJ / Department District | <input type="text"/> |
| Residence Notes | <input type="text"/> |
| Transmitter Part # | <input type="text"/> |
| Transmitter Serial # | <input type="text"/> |
| Transmitter Frequency | <input type="text"/> |
| Transmitter ID | <input type="text"/> |
| Transmitter Channel | <input type="text"/> |
| Transmitter Type | PLI60 / L5 / Comspec |
| First Battery Change Date | <input type="text"/> MM/DD/YYYY |

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Client Data Collection Form

Caregiver 1 First Name

Caregiver 1 Last Name

Home Phone Number

Alternate Phone Number

Caregiver 1 Address 1

Caregiver 1 Address 2

Caregiver 1 City

Caregiver 1 Province Nova Scotia

Caregiver 1 Postal Code

Notes

Caregiver 2 First Name

Caregiver 2 Last Name

Home Phone Number

Alternate Phone Number

Caregiver 2 Address 1

Caregiver 2 Address 2

Caregiver 2 City

Caregiver 2 Province Nova Scotia

Caregiver 2 Postal Code

Notes

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| | |
|-------------------------|----------------------|
| Caregiver 3 First Name | <input type="text"/> |
| Caregiver 3 Last Name | <input type="text"/> |
| Home Phone Number | <input type="text"/> |
| Alternate Phone Number | <input type="text"/> |
| Caregiver 3 Address 1 | <input type="text"/> |
| Caregiver 3 Address 2 | <input type="text"/> |
| Caregiver 3 City | <input type="text"/> |
| Caregiver 3 Province | Nova Scotia |
| Caregiver 3 Postal Code | <input type="text"/> |
| Notes | <input type="text"/> |

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Introduced June 16, 2010
First draft amendment June 21, 2010
Second draft amendment July 14, 2010
Approved July 14, 2010
Revised August 28, 2011
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Revised February 4, 2012
Revised September 29, 2012
Approved December 13, 2012
Revised March 14, 2013
Revised April 3, 2013