





**Language(s) spoken Preferred**


**Walking Aid (if yes, describe)**

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**Hearing Aid(s)**  Left  Right

**Visual Aid(s)**  Glasses  Contacts

**Denture(s)**  Upper  Lower

**VISIBLE MARKS**

**Example:**

Tattoo  Scar  Deformity  Mark  Amputation  Location (see "Body Location Table" below)

1	6	0
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Description:

B	I	R	T	H		M	A	R	K		O	N		C	H	E	E	K	
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**Mark#1 (check only one)**

Tattoo  Scar  Deformity  Mark  Amputation  Location (see "Body Location Table" below)

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Description:

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**Mark#2 (check only one)**

Tattoo  Scar  Deformity  Mark  Amputation  Location (see "Body Location Table" below)

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Description:

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**BODY LOCATION TABLE**

100 HEAD	200 RIGHT ARM	300 LEFT ARM	400 FRONT TORSO	500 LEFT LEG	600 RIGHT LEG	700 BACK TORSO
110 Forehead	211 Upper Arm	311 Upper Arm	410 Shoulders	511 Thigh	611 Thigh	720 Upper Back
120 Eyes	213 Elbow	313 Elbow	420 Chest	513 Knee	613 Knee	730 Middle Back
130 Ears	215 Forearm	315 Forearm	430 Abdomen	515 Calf	615 Calf	740 Lower Back
140 Nose	220 Wrist	320 Wrist	440 Waist	520 Ankle	620 Ankle	760 Buttocks
150 Mouth	230 Hand	330 Hand	450 Hips	530 Foot	630 Foot	761 Rectal
160 Cheek	241 Thumb	341 Thumb	460 Pelvis	541 Large Toe	641 Large Toe	
170 Chin	242 Index Finger	342 Index Finger	461 Genitals	542 Toe	642 Toe	
175 Jaw	243 Middle Finger	343 Middle Finger		543 Toe	643 Toe	
180 Neck	244 Ring Finger	344 Ring Finger		544 Toe	644 Toe	
	245 Little Finger	345 Little Finger		545 Small Toe	645 Small Toe	

## WANDERING HISTORY

None     Repeated (1 to 4 times)     Habitual (Over 4 times)

**Possible Locations:** Places where this person may wander to, for example: Previous addresses, previous employment, favourite stores, nearby mall, post office, etc. **(please specify)**

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## HEALTH CONCERNS (allergies, medical conditions)

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## CAREGIVERS

**(All correspondence will be mailed to the individual identified as the FIRST CONTACT)**

Please ensure that ALL contacts are aware that the individual is registered.

### FIRST CONTACT

Name		Relationship	Language of Preference <input type="checkbox"/> Eng. <input type="checkbox"/> Fr.
Province/City	Address		Postal Code
Home phone no.	Business phone no. and ext.	Cell phone no.	E-mail

### SECOND CONTACT

Name		Relationship	Language of Preference <input type="checkbox"/> Eng. <input type="checkbox"/> Fr.
Province/City	Address		Postal Code
Home phone no.	Business phone no. and ext.	Cell phone no.	E-mail

### THIRD CONTACT

Name		Relationship	Language of Preference <input type="checkbox"/> Eng. <input type="checkbox"/> Fr.
Province/City	Address		Postal Code
Home phone no.	Business phone no. and ext.	Cell phone no.	E-mail

## ACKNOWLEDGEMENT (Must be signed)

This information is provided voluntarily on the understanding that it shall be kept confidential at all times and only released to health care personnel and law enforcement agencies if the person is found wandering or reported missing.

**Acknowledged by:**

(Please print name) \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (Y-M-D): \_\_\_\_\_