Wandering History

Places where this person may wander to, for example: previous addresses, previous employment, favourite stores, nearby mall, post office, etc.

1) _____

2) _____

3) _____

For Drivers

Licence plate number: _____

Vehicle colour: _____

Vehicle make & model: _____

Emergency Contact Person

Name: _____

Relation to person with dementia: _____

Home phone #: _____

Work phone #: _____

Cell phone #: _____

Home address: _____

_____

_____

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Alzheimer Society
BRITISH COLUMBIA

Identification Kit

For individuals at risk of getting lost

This is an important tool to use if you are caring for someone with dementia who may be at risk of getting lost.

Fill out this form and keep it in a central location (e.g. on your refrigerator door).

Keep an extra copy of this kit for police. If the person goes missing, you will immediately have this valuable information to assist police with their search.

Search is an emergency. Do not delay – phone 911

Basic Information

First name: _____

Surname: _____

Nickname: _____

Date of birth: _____ **Sex:** _____

Language(s) spoken: _____

Physical Description

Height: ____feet____inches **Weight:** _____lbs.

Eye colour: _____ **Hair colour:** _____

Complexion: _____

Ethnic origin: _____

Identifying Features

Check all that apply:

Hearing aid(s):
❑Left ❑Right

Visual aid(s):
❑Glasses ❑Contacts

Dentures:
❑Upper ❑Lower

❑ **Scars, birthmarks, etc.** (location and description):

_____

❑ **Tattoo(s)** (location and description): _____

_____

Recent Photo

Tape a recent, good quality, head and shoulders photograph of the person with dementia here.

Replace the photo with an updated version as needed.

Medical Information

Medical condition(s): _____

_____

Allergies: _____

Current medication(s): _____

BC Health #: _____

Doctor's name: _____

Doctor's phone number: (_____)_____