

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: _____

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: (_____) _____