

## Wanderers Information Sheet

**Purpose:** Please use this form to provide information in case the person wanders away or becomes lost. Keep a copy of this sheet handy to give to law enforcement. All searches begin with an investigative component. During this time you will be asked dozens of questions to aid law enforcement and search teams determine where and how to look. This information is critical to the success of the search. Completion of this form, before an incident, allows the searching to start sooner and aids in collecting more accurate information.

### Wanderer Information

First Name:		Middle Name:		Last Name:	
First or Nickname:		Name to call:		Social Security #	
Home Street Address:		City:		State:	Zip Code:
Local Street Address: <i>(if applicable)</i>		City:		State:	Zip code:
Home Phone #:			Local Phone #: <i>(if applicable)</i>		

### Contact Information (person providing information)

First Name:		Middle Name:		Last Name:	
Relationship to Wanderer:				Date Completed:	
Home Street Address:		City:		State:	Zip Code:
Local Street Address: <i>(if applicable)</i>		City:		State:	Zip code:
Home Phone #:			Local Phone #: <i>(if applicable)</i>		
Cell Phone #: <i>(if applicable)</i>	Pager #:	Work Phone #: <i>(if applicable)</i>			

### Physical Description

Date of Birth:	Age:	Sex:	Race:
Height:	Weight:	Build:	Hair Color:
Hair Length:	Hair Style:	Balding?	Mustache?
Beard?	Sideburns?	Facial Features/shape:	Complexion:
Marks/Scars/Tattoos:	General Appearance:		Eye Color:

**Notes:**

## Physical Health

<b>Known Physical disabilities:</b>	
<b>Uncorrected Vision:</b>	<b>Uncorrected hearing:</b>
<b>Known Medical conditions:</b>	
<b>General Physical condition:</b>	
<b>Prescribed Medications:</b>	
<b>Over-the-Counter Medications:</b>	
<b>Consequences of not taking medication:</b>	
<b>General Physician: Address:</b>	<b>Office Phone Number:</b>
<b>Emergency Phone Number:</b>	

## Dementia/Alzheimer's Questions

<b>Dementia Diagnosis: (Alzheimer's, Vascular, Parkinson's, etc)</b>			
<b>Neurologist/Gerontologist: Address:</b>	<b>Office Phone Number: Emergency Number:</b>		
<b>MMSE Score (obtain from Physician)</b>	<b>Date of Last MMSE test</b>		
<b>Pick the box below that best describes the subject</b>			
Mild confusion and forgetfulness, short-term memory affected.	Difficulty distinguishing time, place, and person. Some language difficulties.	Nearly complete loss of judgment, reasoning, and loss of some physical control.	
<b>Complete the following questions on the basis of the last two weeks. Check yes if the activity is performed even once.</b>			
<b>Questions for Dementia Disability Assessment</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Undertake to wash himself/herself or to take a bath or shower.			
Undertake to brush his/her teeth or care for his/her dentures.			
Decide to care for his/her hair (wash and comb)			
Prepare the water, towels, and soap for washing, taking bath, or shower			
Wash and dry completely all parts of his/her body safely			
Brush his/her teeth or care for is/her dentures appropriately			
Undertake to dress himself/herself			
Choose appropriate clothing (with regard to the occasion, neatness, the weather, and color combination			
Dress himself/herself in the appropriate order (undergarments, pat/dress, shoes)			
Dress himself/herself completely			

**Notes:**

	Yes	No	If yes please describe
Does the subject suffer from personality or emotional changes			
Does the subject suffer from Delusions			
Does the subject suffer from paranoia			
Does the subject suffer from hallucinations			
Does the subject suffer from depression			
Has the subject experienced an emotional breakdown			
Has the subject shown violence towards others			
Is the subject registered in the Alzheimer's Associations' Safe Return program			If yes, please list ID #

**Subject's Experience**

Residence type	Address	City	State	Dwelling type	Years
Current					
Previous					
Childhood					
Childhood					
Other					

**Notes:**

### Occupation and Hobbies

Please list job occupations/major volunteer work beginning with the current or most recent.

Job Occupation/Volunteer Work	Years

Please list hobbies and interests.

Hobby or interest	Years

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Notes:

**Please answer the following questions in regards to the last 6 months**

	Yes	No	If Yes, please describe
Person wanders.			
Person wanders at night.			
Person wanders during the day			
Wandering appears goal-oriented			
Wandering appears random			
Person seeks out exits or tires to escape from present location			
Wandering pattern similar to pacing (back and forth)			
Wandering appears related to a search for a person or place.			

### Photograph

Please obtain two recent photographs that could be released to law enforcement and the media if required. One photograph should be a facial photograph while the second should show the full body. The Alzheimer's Association Safe Return program requests one original photo, passport size or larger

<b>Date of Photo:</b>	<b>Changes since photo taken:</b>
<b>Is a Videotape available:</b>	<b>Location of Videotape:</b>

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**Notes:**