



Client Wandering Database: Intake Form

Date: _____

NAME commonly used: _____

Last Name: _____

First Name _____ Middle _____

Date of Birth: _____

Address of Client Residence: _____

Emergency Contact Person: _____

Relationship: _____

Emergency Contact Phone #: _____

Emergency Contact Person Address: _____

Case Worker: (If any) _____

Phone #: _____

Agency: _____

Recent Photo

Write full name & DOB
on back of photo

Staple photo to form

Head & Shoulders
(Taken within last 12 months)

School Photo works

Staple Photo to Form

Height _____ Weight _____

Eye color _____ Hair Color _____

Other distinguishing features / marks

KNOWN TRIGGERS: _____

KNOWN CALMERS: _____

HEALTH ISSUES: Alzheimer's/Dementia ___ Autism ___ Diabetes ___ Other _____ ALLERGIES _____

Form Submitted by PRINTED NAME: _____ Relationship : _____ Phone #: _____

Confidentiality

The information on this Wandering Database form is confidential and will be used for the sole purposes of the identification and protection of your loved one in the event of an emergency or crisis situation. By providing this information you give Sagadahoc County Communication Center permission to share it with other first responders as needed. Other first responder agencies include but are not limited to: Police/Fire/EMS/9-1-1 and Dispatch personnel.