

Incident Name _____ Incident # _____ Date ___/___/___

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

Last Name: _____ First Name: _____ MI _____
First or Nickname: _____ Name to call: _____
Home Street Address: _____ City: _____
State: _____ Zip Code: _____
Home Phone # (____) _____ Local Phone # (____) _____

Contact Information (person providing information)

Last Name: _____ First Name: _____
Relationship to Wanderer: _____ Date Completed: ___/___/___
Home Street Address: _____ City: _____
State: _____ Zip Code: _____
Home Phone # (____) _____ Cell Phone # (____) _____
Cell Phone # (____) _____ Pager # (____) _____
Work Phone # (____) _____

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: _____

Accessories and Equipment

<u>Item</u>	<u>Owns?</u>	<u>Missing?</u>
Glasses	Yes ___ No ___	Yes .. <input type="checkbox"/>
Dentures	Yes ___ No ___	Yes .. <input type="checkbox"/>
Hearing Aid	Yes ___ No ___	Yes .. <input type="checkbox"/>
Cane or walker	Yes ___ No ___	Yes .. <input type="checkbox"/>
Watch	Yes ___ No ___	Yes .. <input type="checkbox"/>
Jewelry	Yes ___ No ___	Yes .. <input type="checkbox"/>
Wallet/purse	Yes ___ No ___	Yes .. <input type="checkbox"/>
Keys	Yes ___ No ___	Yes .. <input type="checkbox"/>
Safe Return Products	Yes ___ No ___	Yes .. <input type="checkbox"/>

**Complete the shaded missing column only if a wandering incident occurs. If it appears the wanderer has the item with them check yes.*

Clothing Worn When Last Seen

Fill in this section only if a wandering incident occurs. On a separate sheet of paper you might consider keeping an inventory of the person's clothing and footwear.

<u>Item</u>	<u>Style/Description</u>	<u>Color</u>
Hat/Cap	_____	_____
Shirt	_____	_____
Pants	_____	_____
Dress	_____	_____
Sweater	_____	_____
Coat/Jacket	_____	_____
Raingear	_____	_____
Footwear	_____	_____
Hose/Socks	_____	_____
Underwear	_____	_____
Other	_____	_____

Notes: _____

Physical Health

Known Physical disabilities: _____

Uncorrected Vision: _____ Uncorrected hearing: _____

Known Medical conditions: _____

General Physical condition: _____

Prescribed Medications: _____

Consequences of not taking medication: _____

- Does the subject know name? Yes ___ No ___
- Does the subject know where they are when at home? Yes ___ No ___
- Does the subject recognize the local neighborhood? Yes ___ No ___
- Does the subject recognize familiar faces? Yes ___ No ___
- Will subject answer to his/her name being called? Yes ___ No ___
- Is subject able to conduct a conversation? Yes ___ No ___
- Does the subject have the ability to tell time? Yes ___ No ___
- Does the subject suffer from personality or emotional changes Yes ___ No ___
- Does the subject suffer from Delusions Yes ___ No ___
- Does the subject suffer from paranoia Yes ___ No ___
- Does the subject suffer from hallucinations Yes ___ No ___
- Does the subject suffer from depression Yes ___ No ___
- Has the subject experienced an emotional breakdown Yes ___ No ___
- Has the subject shown violence towards others Yes ___ No ___
- Is the subject registered in the Alzheimer's Associations' Safe Return program Yes ___ No ___
- If yes, please list ID # _____

Notes: _____

Subject's Experience

Residence type _____ Address _____ City _____ State _____

Current _____

Previous _____

Is subject familiar with area where last seen? Yes ___ No ___

What is the subject's favorite area? _____

Has the subject been involved with outdoor classes, scouting, military, overnight experiences, or outdoor recreation? _____

Is the subject afraid of noises, crowds, dogs, traffic, water, horses, the dark, or other items? _____

Will the subject talk to strangers? Yes ___ No ___

Is the subject dangerous to themselves or others? Yes ___ No ___

Please describe each incident where the subject wandered away. Please continue on additional pieces of paper if required. If possible, mark the location where the person was found on a map.

Date ___ / ___ / ___

Where the person was last seen _____

What was the person doing when last seen _____

Events that might have caused the person to have wandered _____

What actions did you take _____

Where was the person found _____

How was the person found _____

List any medical problems that resulted from being lost _____

What was the distance from the point the person was last seen _____

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

Walking Habits

Please rate the person's ability to walk :

- | | |
|--|----------------|
| Confined to bed, unable to walk . | Yes ___ No ___ |
| Requires walker or cane to walk small distances. | Yes ___ No ___ |
| Walks unassisted for short distances. | Yes ___ No ___ |
| Shuffles/limps. | Yes ___ No ___ |
| Walks with assistance . | Yes ___ No ___ |
| Walks effortlessly | Yes ___ No ___ |

Please list any physical limitations to walking

- | | |
|---|-----------|
| Distance typically walked each day (during the past week.) | ___ miles |
| Greatest distance walked during the past three months. | ___ miles |
| Greatest distance walked during the past ten years. | ___ miles |
| Number of walks during the past week | ___ miles |
| Estimate the greatest distance you believe the person could have walked | ___ miles |

Notes: _____

Critical Wandering Patterns

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

Does the person talk about a person or place that is out of town?

Yes ___ No ___ _____

Does the person talk about a person who is no longer alive?

Yes ___ No ___ _____

Does the person talk about visiting a person or place that is out of town?

Yes ___ No ___ _____

Has the person attempted to visit a person or place out of town without supervision? Yes ___ No ___ _____

Can the person drive a car safely Yes ___ No ___

Can the person find keys and start a car Yes ___ No ___

Does the person desire to drive a car Yes ___ No ___

Does the person travel independently using public or private transportation Yes ___ No ___

What type? _____

Has the person attempt to travel independently on public or private transportation in the last 6 months Yes ___ No ___

Does the person walk or travel a considerable distance from home and return unaided. Yes ___ No ___

Does the person get lost or confused easily in an unfamiliar setting? Yes ___ No ___

Does the person get lost or confused easily at home/living quarters. Yes ___ No ___

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

Person wanders. . . Yes ___ No ___

Person wanders at night. . . Yes ___ No ___

Person wanders during the day. Yes ___ No ___

Wandering appears goal-oriented. . Yes ___ No ___

Wandering appears random. . Yes ___ No ___

Person seeks out exits or tires to escape from present location Yes ___ No ___

Wandering pattern similar to pacing (back and forth) Yes ___ No ___

Wandering appears related to a search for a person or place. Yes ___ No ___

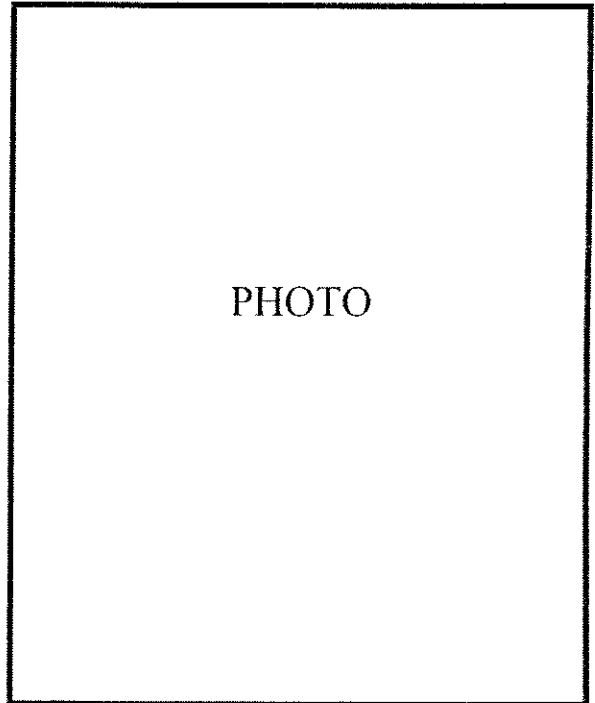
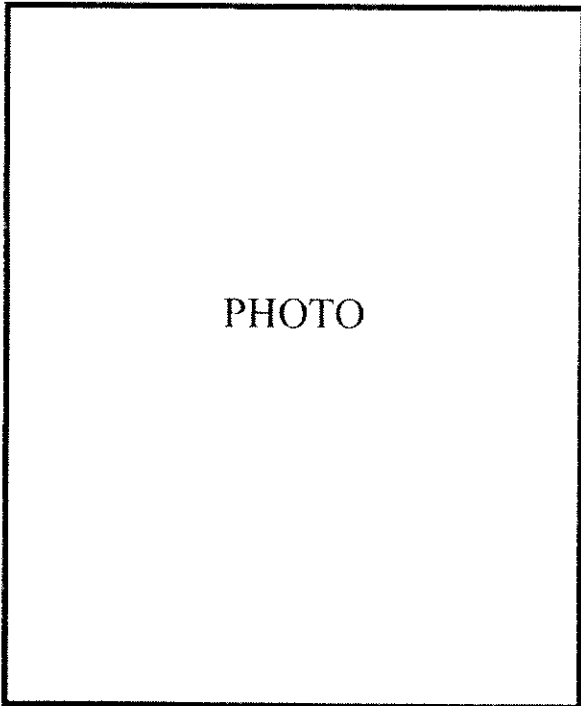
Photograph

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

Changes since photo taken: _____

Date of Photo: ___/___/___

Date of Photo: ___/___/___



Contact Information:
