

IDENTIFICATION FORM

1 BASIC INFORMATION

First name:

Last name:

Former last name(s):

Nickname(s) - please circle those preferred:

Address:

City:

Postal Code:

Phone #:

Cell #:

Date of birth:

Sex:

Ethnicity:

Language(s) spoken - please list and indicate first language:

Birthplace - address if possible/known:

Current living arrangements:

Alone

With family

Facility

Other (please describe):

2 APPEARANCE & PHYSICAL DESCRIPTION

Height:

Weight:

Shoe size:

Eye colour:

Hair colour:

Hair style (i.e. curly, straight, bangs, etc.):

Facial hair (describe the style if applicable):

Complexion:

Dominant hand:

Left

Right

Distinguishing features - please check all that apply and provide further details:

Scars

Tattoos

None

Other:

Speech habits/idiosyncrasies (i.e. accent, talks with a stutter, etc.):

3 HEALTH AND WELLNESS

Hearing aids or difficulties? Yes No **Wear glasses or contacts?** Yes No

Dentures: Upper Lower None

Mobility: Uses cane Uses wheelchair Uses walker Uses scooter

Other (please describe):

No assistive device in use

Risk factors: Suicidal Confused Frustrated Depressed

Other (please describe):

Smoker? Yes No Frequency:

Type(s) (cigarettes, cigars, etc.):

Brand(s):

Drinks alcohol? Yes No Frequency:

Type(s) (wine, beer, spirits, etc.):

Brand(s):

Medical conditions and history:

Heart attack - date:

Stroke - date:

Congestive heart failure Diabetes Pacemaker Asthma Irregular Heartbeat

Seizures High blood pressure Chronic obstructive pulmonary disease (COPD)

Mental health and related behaviors Cancer - diagnosis date:

Currently having chemotherapy/radiation Remission

Surgeries or procedures in the last five years? If so, please list:

Allergies - please list, including any food allergies or sensitivities:

Medications - please list:

Self-prescribed medications

(i.e. vitamins, herbs, dietary supplements) - please list:

Result of not taking medications:

OHIP #:

Version:

Family doctor's name:

Phone #:

Do you have a Do Not Resuscitate Form (DNR) in place? Yes No

If so, where is it?

Is a tracking device in use? Yes No **Is there a Power of Attorney (POA)?** Yes No

If so, who is the POA?

Name:

Phone:

Email:

4 PERSONALITY AND LIFE

Personality – please describe:

Habits – please describe:

Spiritual and cultural needs – please describe:

Favourite possessions, including any pets – please describe:

Favourite/significant places – please list:

Triggers that could cause distress – please list/describe:

Best way to calm down – please list/describe:

Best way to communicate – please describe:

Person who knows them best is a: Family member: Friend: Other:

Name: Phone #:

Email:

Are there any next of kin? Yes No

If yes, please list:

Name: Phone #:

Email:

Name: Phone #:

Email:

Name: Phone #:

Email:

Name: Phone #:

Email:

Name: Phone #:

Email:

Important life moments – dates and significance:

Typical mode(s) of travel – please check all that apply:

Driving Walking Cycling Public Transit Other:

If a driver – please complete:

License plate #: Vehicle colour:

Vehicle make and model:

5 LIFE IN THE PAST

Previous addresses – please list and indicate time of residency:

Past places of employment – please list/describe and indicate when:

Been lost or gone missing before? Yes No

If “Yes”, how many times? 1-3 4-6 7-9 10+

Where have they been found? Please list:

Date of completion:

Care partner name:

Relationship:

Phone #:

Email:

6 TIPS

- Register the person living with dementia with a registry – some communities have Project Lifesaver, or a Vulnerable Persons Registry – for those that don’t, there is MedicAlert® Safely Home®
- Label clothing with name and care partner’s phone number
- Save scent (swab with a cotton ball the armpit and put in sterilized container) for use by dogs in search and rescue
- Use a locating device. You can compare devices at tech.findingyourwayontario.ca
- Camouflage doors to deter leaving
- Provide a safe, clutter-free space to pace
- Put this form in a Ziploc bag and place in freezer for safe keeping—leave a note on the fridge to indicate this form is there
- Use Finding Your Way’s Incident Response and Post-Incident checklists when the person living with dementia goes missing