

# 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](http://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

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