

LIVING ARRANGEMENT OF THE REGISTRANT

Alone
 Institution

With Family
 Other

Street No. and Street Name
 Apt. No.

City
 Province
 Postal Code

Home Phone No. ()
 Business Phone No. ()

DESCRIPTION OF THE REGISTRANT

Height **Weight** **Race**

Feet Inches or CM
 Lbs. or KG.
 W = White
 NW = Non White

Hair Colour <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Hair Description <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Eye Colour <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Complexion <input style="width: 20px;" type="text"/>				
AUB = Auburn BLD = Bald BLK = Black BLO = Blond BRN = Brown GRY = Grey RED = Red WHI = White	A = Curly B = Wavy C = Short D = Long E = Dyed F = Ponytail G = Brush Cut H = Toupee/Wig I = Other J = To shoulders K = Straight	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Left</td> <td style="width: 50%; text-align: center;">Right</td> </tr> <tr> <td style="vertical-align: top;"> BLU = Blue BRN = Brown GRN = Green HAZ = Hazel BLK = Black MRN = Maroon GRY = Grey GRB = Greenish blue </td> <td></td> </tr> </table>	Left	Right	BLU = Blue BRN = Brown GRN = Green HAZ = Hazel BLK = Black MRN = Maroon GRY = Grey GRB = Greenish blue		A = Dark B = Light/Fair C = Sallow D = Ruddy E = Freckled F = Moles G = Pimples/Pockmarked H = Other
Left	Right						
BLU = Blue BRN = Brown GRN = Green HAZ = Hazel BLK = Black MRN = Maroon GRY = Grey GRB = Greenish blue							

Language(s) spoken	Preferred
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>

Walking Aid
 (if yes, describe)

Hearing Aid(s) **Visual Aid(s)** **Denture(s)**

Left Right
 Glasses Contacts
 Upper Lower

Language preferred for engraving: English French

WANDERING HISTORY

None Repeated Habitual (Over 4 times)

Possible Locations: Places where this person may wander to, for example: Previous addresses, previous employment, favourite stores, nearby mall, post office, etc. **(please specify)**

1.

2.

3.

HEALTH CONCERNS (allergies, medical conditions)

CAREGIVERS

(All correspondence will be mailed to the individual identified as the FIRST CONTACT)

Please ensure that ALL contacts are aware that the individual is registered.

FIRST CONTACT

Name		Relationship	
Address		City/Province	Postal Code
Tel. No. (Home)	Tel. No. (Business)	Cell Phone No.	Language of Preference <input type="checkbox"/> Eng. <input type="checkbox"/> Fr.

SECOND CONTACT

Name		Relationship	
Address		City/Province	Postal Code
Tel. No. (Home)	Tel. No. (Business)	Cell Phone No.	Language of Preference <input type="checkbox"/> Eng. <input type="checkbox"/> Fr.

THIRD CONTACT

Name		Relationship	
Address		City/Province	Postal Code
Tel. No. (Home)	Tel. No. (Business)	Cell Phone No.	Language of Preference <input type="checkbox"/> Eng. <input type="checkbox"/> Fr.

ACKNOWLEDGEMENT (Must be signed)

This information is provided voluntarily on the understanding that it shall be kept confidential at all times and only released to health care personnel and law enforcement agencies if the person is found wandering or reported missing.

Acknowledged by:
(Please print name)

Relationship:

Signature:

Date (Y-M-D):