



Wanderers Information Sheet

Purpose: Please use this form to provide information in case the person wanders away or becomes lost. All searches begin with an investigative component. During this time you will be asked dozens of questions to aid law enforcement and search teams to 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

First Name _____ Middle Name _____ Last Name _____
Nickname _____ Name to call _____
Home Street Address _____ City _____ State _____
Local Street Address _____ City _____ State _____
Home Ph. No. _____ Local Ph. No. _____

Contact Information

First Name _____ Last Name _____
Relationship to Wanderer _____ Date Form Completed _____
Home Street Address _____ City _____ State _____
Local Street Address _____ City _____ State _____
Home Ph. No. _____ Local Ph. No. _____
Cell Ph. No. _____ Other Contact Info _____

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 _____

Physical Health

Known Physical disabilities: _____
Uncorrected Vision: _____
Uncorrected hearing: _____
Known Medical conditions: _____
General Physical condition: _____
Prescribed Medications: _____
Over-the-Counter Medications: _____
Consequences of not taking medication: _____
General Physician _____ Office Ph. No. _____ Emer. Ph. No. _____
Gerontologist _____ Office Ph. No. _____ Emer. Ph. No. _____

Dementia Alzheimer's Questions

Which description is most appropriate: ____ Mild confusion and forgetfulness, short-term memory affected. ____ Difficulty distinguishing time, place and person. Some language difficulty. ____ Nearly complete loss of judgment, reasoning and loss of some physical control.

Does the person know his name? ____ Know where he is when at home? ____
Recognize the local neighborhood? ____ Recognize familiar faces? ____
Will person answer to his/her name being called? ____
Able to conduct a conversation? ____ Ability to tell time? ____
Suffer from personality or emotional changes ____ delusions ____ paranoia ____
hallucinations ____ depression ____ emotional breakdown ____
Has the person shown violence towards others ____
Is the person registered in the Alzheimer's Associations' Safe Return program ____

Previous Residences

Residence Type	Address	City	State	Dwelling type	Years
Current					
Previous					
Previous					
Previous					
Previous					
Childhood					
Childhood					

Occupations, Volunteer Work, Hobbies and Interests

Occupations, Volunteer Work, Hobbies and Interests (latest to earliest)	Where Did they Happen	Years

Previous Wandering Incidents

	Incident #1	Incident #2	Incident #3
Where the person was last seen			
What was the person was 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			
Any other info			

Walking Habits

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 _____
 Estimate the greatest distance you believe the person could walk _____

Please rate the person's ability to walk: ____ Confined to bed, unable to walk. ____ Requires walker or cane to walk small distances. ____ Walks unassisted for short distances but shuffles or limps. ____ Walks with assistance. ____ Walks effortlessly

Please list any physical limitations to walking _____

Any unique gait or shuffle _____

Critical Wandering Patterns

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

	Yes/No	If Yes, please describe
Does the person talk about a person or place that is out of town?		
Does the person talk about a person who is no longer alive?		
Does the person talk about visiting a person or place that is out of town?		
Has the person attempted to visit a person or place out of town without supervision?		
Can the person drive a car safely?		
Can the person find keys and start a car?		
Does the person desire to drive a car?		
Does the person travel independently using public or private transportation?		
Has the person attempt to travel independently on public or private transportation in the last 6 months?		
Does the person walk or travel a considerable distance from home and return unaided?		
Does the person get lost or confused easily in an unfamiliar setting?		
Does the person get lost or confused easily at home/living		

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

	Yes/No	If Yes, please describe
Person wanders		
Person wanders at night		
Person wanders during the day		
Wandering appears goal-oriented		
Wandering appears random		
Person seeks out exits or tries to escape from present location		
Wandering pattern similar to pacing (back and forth)		
Wandering appears related to a search for a person or place		

Regarding the Current Situation

Accessories and Equipment

Item	Owned	Description	Missing?
Glasses	Yes/No	_____	Yes/No
Dentures	Yes/No	_____	Yes/No
Hearing Aid	Yes/No	_____	Yes/No
Cane or walker	Yes/No	_____	Yes/No
Watch	Yes/No	_____	Yes/No
Jewelry	Yes/No	_____	Yes/No
Wallet/purse Contents	Yes/No	_____	Yes/No
Keys	Yes/No	_____	Yes/No
Safe Return Products	Yes/No	_____	Yes/No
Any tracking devices – e.g. GPS, RF, RFID, Project Lifesaver		_____	Yes/No
Tracking information for the device		_____	

Firearms Yes/No _____ Yes/No
 Other items (tissue, tobacco, matches, lighter, items stuffed in pockets, etc)

Clothing Worn When Last Seen

Style/Description	Color
Cap _____	_____
Shirt _____	_____
Pants _____	_____
Dress _____	_____
Sweater _____	_____
Coat/Jacket _____	_____
Raingear _____	_____
Footwear _____	_____
Hose/Socks _____	_____
Underwear _____	_____
Other _____	_____

Is the person familiar with the area where last seen _____

What is the person's favorite place _____

Has the person been involved with outdoor classes, scouting, military, overnight experiences, hunting or outdoor recreation _____

Is the person afraid of noises, crowds, dogs, traffic, water, horses, the dark, or other items. _____
_____ How does he react _____

How does the person respond to strangers _____ Does he approach
strangers _____

Is the person dangerous to himself _____ to others _____

Has the person talked about harming himself _____

What are the person's daily habits _____

Did they occur on the last day seen _____

What was the person's emotional state when last seen _____

How does that compare to the person's usual state _____

What door did the person most likely exit though _____

Any idea of the direction of travel _____

Do you have a recent picture _____ Changes since the picture was taken _____

Video tape or DVD images _____