



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

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 subject know his name? _____
- Does the subject know where he is when at home? _____
- Does the subject recognize the local neighborhood? _____
- Does the subject recognize familiar faces? _____
- Will subject answer to his/her name being called? _____
- Is subject able to conduct a conversation? _____
- Does the subject have the ability to tell time? _____

Does the subject suffer from personality or emotional changes ___ delusions ___ paranoia ___ hallucinations ___ depression ___ emotional breakdown ___
 Has the subject shown violence towards others ___
 Is the subject registered in the Alzheimer's Associations' Safe Return program ___

Previous Residences

Residence Type	Address	City	State	Dwelling type	Years
Current					
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 a 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		

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

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

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 subject's favorite place _____

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

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

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

Is the subject dangerous to himself _____ to others _____

Has the subject talked about harming himself _____

What are the subject's daily habits _____

Did they occur on the last day seen _____

What was his emotional state when he was last seen _____

How does that compare to his baseline _____

What door did he 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 _____