

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 	Hair Description 	Eye Colour 	Complexion 				
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 style="vertical-align: top;"> BLU = Blue BRN = Brown GRN = Green HAZ = Hazel BLK = Black MRN = Maroon GRY = Grey GRB = Greenish blue </td> </tr> </table>	Left	Right	BLU = Blue BRN = Brown GRN = Green HAZ = Hazel BLK = Black MRN = Maroon GRY = Grey GRB = Greenish blue	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	BLU = Blue BRN = Brown GRN = Green HAZ = Hazel BLK = Black MRN = Maroon GRY = Grey GRB = Greenish blue						

Language(s) spoken	Preferred

Walking Aid
 (if yes, describe)

Hearing Aid(s) **Visual Aid(s)** **Denture(s)**
 Left Right Glasses Contacts Upper Lower

VISIBLE MARKS

Example:

Tattoo Scar Deformity Mark Amputation Location (see "Body Location Table below")

1	6	0
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Description:

B	I	R	T	H		M	A	R	K		O	N		C	H	E	E	K	
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Mark#1 (check only one)

Tattoo Scar Deformity Mark Amputation Location (see "Body Location Table" below)

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Description:

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Mark#2 (check only one)

Tattoo Scar Deformity Mark Amputation Location (see "Body Location Table" below)

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Description:

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BODY LOCATION TABLE

100 HEAD	200 RIGHT ARM	300 LEFT ARM	400 FRONT TORSO	500 LEFT LEG	600 RIGHT LEG	700 BACK TORSO
110 Forehead	211 Upper Arm	311 Upper Arm	410 Shoulders	511 Thigh	611 Thigh	720 Upper Back
120 Eyes	213 Elbow	313 Elbow	420 Chest	513 Knee	613 Knee	730 Middle Back
130 Ears	215 Forearm	315 Forearm	430 Abdomen	515 Calf	615 Calf	740 Lower Back
140 Nose	220 Wrist	320 Wrist	440 Waist	520 Ankle	620 Ankle	760 Buttocks
150 Mouth	230 Hand	330 Hand	450 Hips	530 Foot	630 Foot	761 Rectal
160 Cheek	241 Thumb	341 Thumb	460 Pelvis	541 Large Toe	641 Large Toe	
170 Chin	242 Index Finger	342 Index Finger	461 Genitals	542 Toe	642 Toe	
175 Jaw	243 Middle Finger	343 Middle Finger		543 Toe	643 Toe	
180 Neck	244 Ring Finger	344 Ring Finger		544 Toe	644 Toe	
	245 Little Finger	345 Little Finger		545 Small Toe	645 Small Toe	

BRACELET ORDER INFORMATION

Measure wrist and check box above appropriate size for bracelet
Please allow an extra half-inch for comfort

5"	5.5"	6"	6.5"	7"	7.5"	8"	8.5"	9"	9.5"	10"

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):