



**FINDING Your Way**

*For people with dementia,  
every step counts.*

## Identification Kit

**Fill out this form and keep it in a central location**  
(for example, a hall table, refrigerator door)

Keep an extra copy of this kit for police. If the person goes missing, you will immediately have this valuable information to help police with their search.

**Search is an emergency**  
**Do not delay – call 911**

**Immediate Action:**

- 1. Stay calm**
- 2. Call police**
- 3. Stay home**



For local Alzheimer Society contact information, call 2-1-1  
Visit: [FindingYourWayOntario.ca](http://FindingYourWayOntario.ca)

*Soci t  Alzheimer Society*

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### Basic Information

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_

Home address: \_\_\_\_\_

### Physical Description

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches      Weight: \_\_\_\_\_ lbs

Eye colour: \_\_\_\_\_ Hair colour: \_\_\_\_\_

Complexion: \_\_\_\_\_

Ethnic origin: \_\_\_\_\_

### Identifying Features

*Check all that apply:*

Hearing aid(s):       Left       Right

Visual aid(s):       Glasses       Contact lenses

Dentures:       Upper       Lower

Scars, birthmarks, etc. (location and description): \_\_\_\_\_

\_\_\_\_\_

Tattoo(s) (location and description): \_\_\_\_\_

\_\_\_\_\_



**Recent Photo**

*Replace with an updated version as needed.*

Tape a recent, good quality, head and shoulders photograph of  
the person who may become lost here.

**Medical Information**

Medical condition(s): \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Results of not taking medications: \_\_\_\_\_

\_\_\_\_\_

OHIP #: \_\_\_\_\_ version \_\_\_\_\_

Family doctor's name: \_\_\_\_\_

Doctor's phone number: (\_\_\_\_\_) \_\_\_\_\_



### Potential Places to Look

*Places where the person may go. For example: previous addresses, previous employment, favourite stores, nearby mall, post office, etc.*

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

### For Drivers

Licence plate number: \_\_\_\_\_

Vehicle colour: \_\_\_\_\_

Vehicle make and model: \_\_\_\_\_

### Emergency Contact Person

Name: \_\_\_\_\_

Relationship to person with dementia: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_