

## Client Wandering Database: Intake Form

Date:

| NAME commonly used:                        |                                 |
|--|---------------------------------|
| Full Name:                                 |                                 |
| Date of Birth:                             | Recent Photo                    |
| Address of Client Residence:               | Head & Shoulders                |
| Contact Person:                            |                                 |
| Relationship: Contact Phone #:             |                                 |
|  |                                 |
| Contact Person Address:                    | •                               |
| KNOWN TRIGGERS:                            |                                 |
| KNOWN CALMERS:                             |                                 |
| HEALTH ISSUES: Alzheimer's/Dementia Autism | OtherContinue on separate paper |
| Form Submitted by Signature :              | _Relationship :Phone #          |

Complete form and upload photo online: http://www.cityofbelfast.org/index.aspx?nid=177

OR: Bring, or mail completed form and photo to: Belfast Police Department, 112 Church St, Belfast ME

Questions/ Need Help: Call Chief Mc Fadden (207)338-5255

All information kept confidential