



Client Wandering Database: Intake Form

Date: _____

NAME commonly used: _____

Last Name: _____

First Name : _____ Middle : _____

Date of Birth: _____

Physical Address (Client) : _____

Contact Person: _____

Relationship: _____

Contact Phone #: _____

Contact Person Address: _____

Case Worker: (If any) _____

Phone # _____

Agency: _____

Recent Photo

Write Full Name & DOB
on back of photo

Staple photo to form

Head & Shoulders
(Taken within last 12months)

School Photo works

Staple Photo to Form

Height _____ **Weight** _____

Eye color _____ **Hair Color** _____

Other distinguishing features / marks

KNOWN (negative) TRIGGERS: _____

KNOWN (positive) CALMERS: _____

HEALTH ISSUES: Alzheimer's/Dementia ___ Autism ___ Diabetes ___ **ALLERGIES** _____ Other _____

Form Submitted by Signature : _____ Relationship : _____ Phone # _____

Bring or mail completed form and recent photo to:

Waterville Regional Communications Center

10 Colby St, Waterville ME 04901

Questions / Need help: Call Sergeant Jen Weaver or Kathleen Kenney-Haley

Waterville Regional Communications Center (207) 680-4700