



Client Wandering Database: Intake Form

Date: _____

NAME commonly used: _____

Full Name: _____

Date of Birth: _____

Address of Client Residence: _____

Contact Person: _____

Relationship: _____

Contact Phone #: _____

Contact Person Address: _____



Case Worker: _____

Phone # _____

Agency: _____

KNOWN TRIGGERS: _____

KNOWN CALMERS: _____

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

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

Form available at Belfast Police Department or online: <http://www.cityofbelfast.org/index.aspx?nid=177>

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

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

All information kept confidential