



IDENTIFICATION RECORD FOR VULNERABLE ADULTS

If your loved one goes missing immediately call 911.

You do not need to wait 24 hours to report a missing person.

RECENT PHOTO

NAME: _____
Family Name First Name Nickname

ADDRESS: _____
Number Street Apartment

City _____ Province _____

POSTAL CODE: _____ TELEPHONE: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ BLOOD TYPE: _____

COLOUR: Skin: _____ Eyes: _____ Hair: _____

DISTINGUISHING MARKS: _____

GLASSES: Yes No HEARING AIDS: Yes No

MOTHER TONGUE: _____ OTHER LANGUAGE(S) SPOKEN: _____

EMERGENCY CONTACT: _____
Family Name First Name Tel. (Home) Tel. (Other) Relationship

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MEDICAL INFORMATION

CHRONIC ILLNESSES: _____ ALLERGIES: _____

DIETARY RESTRICTIONS: _____

CURRENT MEDICATIONS: _____

DENTAL HEALTH: _____ DENTAL DEVICES: _____

MOBILITY AID: _____ SPEECH DISORDER: Yes No

OTHER USEFUL INFORMATION

Places of interest often frequented _____

Identification Information: Do they carry or wear jewelry, tags, ID card, medical alert bracelet? Please specify. _____

Former Neighbourhood _____

FAMILY MEMBERS OR FRIENDS THAT THE ADULT HAS CLOSE TIES WITH AND/OR MAY TRY TO CONTACT:

Family Name First Name Tel. (Home) Tel. (Other) Relationship

Family Name First Name Tel. (Home) Tel. (Other) Relationship