

Client Enrollment Form

Caregiver Information - Main

First Name _____

Middle Name _____

Last Name _____

Relationship to Client _____

Home Phone _____

Business Phone _____

Mobile Phone _____

Fax _____

Email _____

Address _____

Apt/Suite _____

City _____

State _____

Zip _____

County _____

Client Information

First Name _____

Middle Name _____

Last Name _____

Nickname _____

Address _____

Apt/Suite _____

City _____

State _____

Zip _____

Client Information Continued

County _____

Gender _____

Date of Birth _____

Diagnosis (Cognitive Condition) _____

Other Diagnosis (Cognitive Condition) _____

Skin Color _____

Hair Color _____

Eye Color _____

Height _____

Weight _____

Physical Descriptive Characteristics (i.e. glasses, scars, tattoos, etc...) _____

Medical or Behavioral Information (i.e. diabetic, speaks with an accent, needs medication, etc...) _____

Keywords or Phrases Client Responds to: (i.e. "Helen is looking for you" _____

Place to Find Client (where might they go, i.e. McDonalds, church, friend's house) _____

Wandering History _____

Notes about Residence (i.e. is it near a highway, woods, shopping center, lakes, ponds, canals, streams, etc..) _____

Is there 24 hour care/supervision? _____

Do they drive a car or take public transportation? _____

Do they attend adult day care center or fall under anyone's care for an extended period of time? _____

Additional Caregiver Information

First Name _____

Middle Name _____

Last Name _____

Relationship to Client _____

Home Phone _____

Business Phone _____

Mobile Phone _____

Fax _____

Email _____

Address _____

Apt/Suite _____

City _____

State _____

Zip _____

County _____

Please send this form with a picture of the client to: customerservice@safetynettracking.com