

This information sheet aims to collect, in a preventive manner, all the information necessary to find a person living with a major neurocognitive disorder or presenting symptoms, in the event of their disappearance. It may be shared with police forces, if necessary. To maximize the usefulness of this sheet, the information it contains should be updated when a major change occurs in the person's life or every 12 months.

1. PEOPLE TO CONTACT IN CASE OF DISAPPEARANCE

| | Person 1 | Person 2 |
|------------------------------|----------|----------|
| First and last name | | |
| Address | | |
| Telephone number | | |
| Cell number | | |
| Relationship with the person | | |

2. PERSONAL INFORMATION ABOUT THE PERSON LIVING WITH A MAJOR NEUROCOGNITIVE DISORDER

| IDENTIFICATION OF THE PERSON | | Recent photo of the person |
|---|--|----------------------------|
| First and last name | | |
| Date of birth (yyyy-mm-dd) | | |
| PHYSICAL DESCRIPTION | | |
| Sex | | |
| Size (in cm) | | |
| Weight | | |
| Ethnic or cultural origin | | |
| Hair color and description | | |
| Eye color | | |
| Wearing glasses | <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____ | |
| Wearing hearing aids | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Spoken language(s) | <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other(s), Specify: _____ | |
| Particular physical characteristic(s) (e.g. tattoos, scars, gait, etc.): _____ | | |

| PERSON'S CURRENT ADDRESS | |
|---|--|
| Civic number, street name, city, postal code | |
| Telephone number | |
| Cell number and provider | |
| Name of residence (if applicable) | |
| Move-in date | |
| Does the person live alone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If not, specify with whom: _____ |
| Does the person have a tracking device on them? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| OLD ADDRESS(ES) (street number, street name, city, postal code) |
|---|
| 1. |
| 2. |
| 3. |

| SIGNIFICANT PLACES - PRESENT AND PAST (church, cemetery, former work, children's residence, etc.) | |
|---|---------|
| Name or type of location | Address |
| 1. | |
| 2. | |
| 3. | |

| RECURRING IDEAS/FIXATIONS (e.g. trains, rivers, bridges, etc.) |
|--|
| |

FEARS OR TRIGGERS RELEVANT FOR FIRST RESPONDERS (e.g. loud noises, uniform noise, etc.)

HISTORY OF DISAPPEARANCES

| Date | Place where the person was found (name and address) | Circumstances |
|------|---|---------------|
| | | |
| | | |
| | | |

MEDICAL INFORMATION

| | | |
|-----------------------------------|--|--|
| Diagnosed Neurocognitive Disorder | <input type="checkbox"/> Alzheimer's disease <input type="checkbox"/> Lewy Body Dementia <input type="checkbox"/> Other, Please Specify: _____ | |
| Natural Disorder Symptom(s) | <input type="checkbox"/> Agitation <input type="checkbox"/> Irritability <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Apathy <input type="checkbox"/> Sleep Disorder <input type="checkbox"/> Psychosis <input type="checkbox"/> Other, Please Specify: _____ |
| Known Limitations | <input type="checkbox"/> Speech Difficulty/Language Disorder <input type="checkbox"/> Memory Impairment <input type="checkbox"/> Disorientation <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Reduced Mobility (Walking Aid) <input type="checkbox"/> Tremor <input type="checkbox"/> Other: _____ _____ Comments/Details: _____ _____ |
| Medication(s) taken | Essential medication(s) taken? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, for which illness(es)? : _____ | |
| Family/Primary Care Physician | Name: _____ Phone number: _____ | |

3. OTHER RELEVANT INFORMATION

Usual means of transport

On foot Public transportation
 Mobility Scooter: *Indicate model and color:* _____; *Distinctive element:* _____
 Car: *Indicate model, year, color and registration:* _____

Debit or credit cards used

Names of institutions Desjardins; National Bank of Canada; Tangerine; RBC; Other: _____

Social networks used and usernames

Significant person(s) related to the person

| First and last name | Relationship with the person | Telephone number | Cell number |
|---------------------|------------------------------|------------------|-------------|
| 1. | | | |
| 2. | | | |

Activities and interests

| | |
|--|--|
| Objects that can attract the person's attention/spark their interest | |
| Hobbies/passion (current and past) | |
| Addiction (Drugs, gambling, etc.) | |

4. CONSENT OF THE PERSON COMPLETING THE FORM

| | |
|--|--|
| I consent to this information sheet and relevant information regarding the location of the identified person being shared with the media and to the disappearance of the identified person being publicized (television, radio, newspapers, Internet, etc.). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Signature: _____ Date: _____