

KNOX REGIONAL COMMUNICATIONS CENTER

301 Park Street
Rockland, ME 04841
207.594-0677
rcc@knoxcountymaine.gov

Client Wandering Database: Intake Form

NAME commonly used: _____ **Date:** _____

Full Name: _____

Date of Birth: _____

Address of Client Residence: _____

Contact Person: _____

Relationship: _____

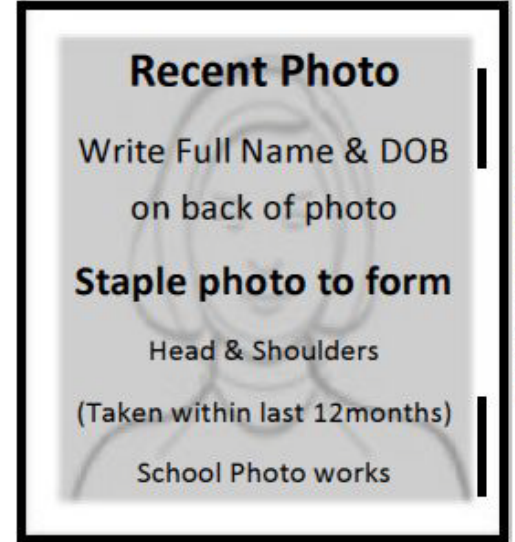
Contact Phone #: _____

Contact Address: _____

Case Worker: _____

Phone #: _____

Agency: _____



Height: _____ Weight: _____

Eye color: _____ Hair Color: _____

Other distinguishing features/marks: _____

KNOWN TRIGGERS: _____

KNOWN CALMERS: _____

HEALTH ISSUES: Alzheimer's/Dementia Autism Other _____

ALLERGIES: _____

Form submitted by (*Signature*): _____ Relationship: _____ Phone: _____

Return form to the **Knox Regional Communications Center at 301 Park Street, Rockland, ME 04841** or email to rcc@knoxcountymaine.gov. Call Director Linwood Lothrop at 594-0429 x118 with questions.

All information is kept confidential.

If you need more room to write, please use second page →

Use this page if you would like to provide more information than can fit on the first page.

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