

# MISSING RESIDENT IDENTIFICATION

Resident: \_\_\_\_\_  
 Last Name       First Name       Middle Name

Nickname, or likes to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:    Male    Female

Marital Status:    Single    Married    Widowed    Divorced

### COMMUNICATION

Primary Language: _____ Difficulty Understanding English: <input type="radio"/> No <input type="radio"/> Yes Needs Interpreter: <input type="radio"/> No <input type="radio"/> Yes Hard of Hearing: <input type="radio"/> No <input type="radio"/> Yes	<b>Methods of Communication:</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Signs <input type="checkbox"/> Gestures <input type="checkbox"/> Reads Lips <input type="checkbox"/> Reads Braille <input type="checkbox"/> Other: _____
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### COGNITIVE/BEHAVIOR/SPECIAL MEDICAL ISSUES

Dementia Dx:    No    Yes; specify \_\_\_\_\_

Mental Health Dx:    No    Yes; specify \_\_\_\_\_

Behavior Problems:    No    Yes; specify \_\_\_\_\_

Medical Issues:    Insulin-dependent diabetic    Pacemaker  
 Takes meds for cardiac problems    Other: \_\_\_\_\_

**Place Recent Photo Here (Update At Least Yearly)**

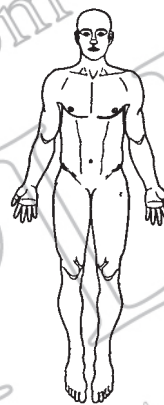


### EMERGENCY CONTACTS

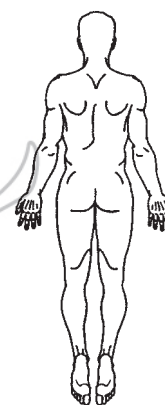
**Primary:**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Secondary:**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Relationship \_\_\_\_\_

Use the figures and numbered lines below to record the location and type of any distinguishing birthmarks, moles, scars, tattoos, previous broken bones, and prosthetics.



FRONT



BACK

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____

### PHYSICAL DESCRIPTION

Ht. (in.) \_\_\_\_\_ Wt. (lbs.) \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Race:    Asian    Black    White    Hispanic    Indian

Complexion:    Fair    Medium    Dark

### APPLIANCES/AIDS/EQUIPMENT

Cane    Walker    Crutches    Wheelchair    Scooter

Brace/Orthotic (specify) \_\_\_\_\_

Other: \_\_\_\_\_

Glasses    Contact Lenses:   R  L

Dentures:   Upper  Lower  Partial

Hearing Aid:   R  L     Wears ID/Medical Alert

Describe clothing worn when last seen (include jewelry, rings, watches, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME—Last	First	Middle	Unit/Room #	Date
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**RECORDS ON FILE WITH:**

PROVIDER	NAME	ADDRESS	TELEPHONE NUMBER
Primary Physician			
Dentist			

**FINGERPRINTING INSTRUCTIONS**

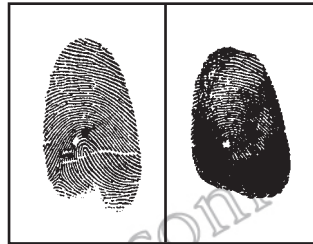
**HOW TO TAKE PRINTS**

1. Open the ink pad.
2. Place ink pad and I.D. Card on a flat surface.
3. **Lightly Touch** finger on the ink pad.
4. **Lightly Touch** the coated finger in the appropriate box on the I.D. Card.

**Do not roll finger.**

5. When all prints are done, wash ink off with soap and water.
6. Fingerprints should be clear and unsmudged. However, perfect prints are not required. Less than 20% of each print is required for identification. If more than 20% is clear, the print is good. If uncertain, place a second print next to the first.

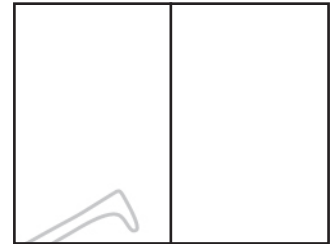
*Take Practice Prints in Area Provided Below*



**GOOD**

**POOR**

(Smudged;  
Pressed too hard)



**PRACTICE PRINTS**

(Touch lightly and quickly)

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY\*

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY\*

*\* Four fingers taken simultaneously: coat each finger separately, then lightly press all four fingers at the same time.*

NAME--Last	First	Middle	Unit/Room #	Date
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