



Information

Name: _____

Race: _____

Sex: _____

DOB: _____

Primary Diagnosis: _____

Nickname (If any): _____

Home Address: _____

Mailing Address: _____

Parent/Guardian: _____

Phone #: _____

Work #: _____

Parent/Guardian: _____

Phone #: _____

Work #: _____

Additional Emergency Contacts

Name & Relationship: _____

Phone #: _____

Name & Relationship: _____

Phone #: _____

Physical Description

Height: _____

Weight: _____

Complexion: _____

Eye Color: _____

Hair Color: _____

Hair Style: _____

Facial Hair: _____

Distinguishing Marks: _____

Favorite Clothing: _____

Additional Information (If applicable)

How does the individual communicate with others?

Known Trigger(s):

Likes: _____

Dislikes: _____

Stims: _____

Calming Techniques: _____

Frequently Visited Places: _____

Interests: _____

Behavioral Concerns/Behavioral Risks/Safety Issues that First Responders should know: _____

Physical Considerations: _____

Mental Considerations: _____

Allergies: _____

Notes: _____

Please email completed forms to:
elizabeth.casey@cityhall.lima.oh.us