

# FIC SIGN-IN AND TRACKING FORM

The FIC Sign-In and Tracking Form is given to each family that enters the FIC in order obtain information about the patient that the family is looking for, as well as family information, to include the number of people in the FIC per family.

PATIENT INFORMATION						
LAST NAME		FIRST NAME		DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
EYE COLOR		HAIR COLOR		LANGUAGES SPOKEN		
HEIGHT	WEIGHT	RACE	DISTINGUISHING MARKS		LOCATION LAST SEEN	
OTHER DESCRIPTIVE INFORMATION						
FAMILY INFORMATION						
FAMILY PRIMARY CONTACT			PREFERRED CONTACT Name: Telephone: <input type="checkbox"/> CALL <input type="checkbox"/> TEXT		SECONDARY CONTACT Name: Telephone: <input type="checkbox"/> CALL <input type="checkbox"/> TEXT	
RELATIONSHIP			THIS SECTION TO BE COMPLETED BY FIC STAFF			
ALL ADDITIONAL FAMILY MEMBERS MUST BE LISTED USE REVERSE SIDE OF FORM FOR ADDITIONAL NAMES IF NEEDED			STATUS Date: _____ Time: _____			
NAME		RELATIONSHIP		<input type="checkbox"/> Waiting for patient <input type="checkbox"/> Waiting for reunification <input type="checkbox"/> Reunited <input type="checkbox"/> Waiting for patient location <input type="checkbox"/> Departed to actual location  Wish to speak to media? <input type="checkbox"/> YES <input type="checkbox"/> NO  LISTED IN REDDINET? <input type="checkbox"/> YES <input type="checkbox"/> NO		

