



Project Lifesaver of North Augusta/Aiken County

Physician's Statement

Patient: _____ DOB _____
Address: _____
City: _____ State: _____ Zip: _____
Primary Caregiver: _____ Relationship _____
Physician: _____
Specialty: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

In order to qualify for the Project Lifesaver program, a diagnosis is required. Eligibility is restricted to the

following: probable Alzheimer's disease or related dementia, Autism, Down Syndrome, traumatic brain injury or other conditions that may cause wandering, bolting, running and/or eloping.

DIAGNOSIS, to include any other medical conditions: _____

Do you feel that the patient has to capability of wandering? _____, if so why? _____

Do you recommend Project Lifesaver for this patient? _____

Comments: _____

PHYSICIAN'S SIGNATURE _____ DATE _____

Return completed form to the address listed below:

Project Lifesaver of North Augusta/Aiken County, Inc
Attn: Lt. Chad Hyler
420 Hampton Ave
Aiken, SC 29801



Agencies working together to save lives

