

ALZHEIMER'S ALERT

A Police Department Registry to assist caregivers of persons with dementing illness.

INSTRUCTIONS: Complete form, affix photograph, and return to the Southwick Police Department.

PATIENT- _____

Lives with _____

Relationship to Patient _____

Address _____

Hidden Key _____

Telephone _____

AFFIX A RECENT PHOTOGRAPH HERE

Family, Neighbor, or other local contact: _____

Relationship _____

Address _____

Telephone _____

Second Contact _____

Relationship _____

Address _____

Telephone _____

PATIENT INFORMATION

Date of Birth _____

Medications _____

Height _____

Weight _____

Eye Color _____

Hair Color _____

Identifying scars or marks _____

Day Care Program _____

If So Where _____

Patients Physician _____

Preferred Hospital _____

Patient's Habits

Does Patient Wander? _____

Where to? _____

Does patient carry identification (I.E. ID bracelet, wallet information?) _____

Individual habits / Speech? _____

Is or has Patient ever been abusive- Physically or Verbally? _____

Any other helpful comments
