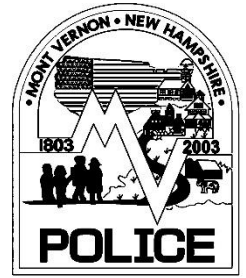




Mark K. Slavin
Chief of Police

MONT VERNON POLICE DEPARTMENT



Phone: 603 673-5610
Fax: 603-672-9021

Alzheimer's Alert

Complete the form and return to the Mont Vernon Police Department via e-mail or in person

Name of individual: _____ Nickname: _____

Address: _____

DOB: _____ Phone #: (H) _____ (C) _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Identifying Scars/ Marks/ Tattoos: _____

Does patient have an in-home healthcare provider? _____ Name: _____

Patient's Physician: _____ Phone: _____

Primary contact: _____ Phone: _____

Primary contact's relationship to patient: _____

Alternate contact: _____ Phone: _____

Alternate contact's relationship to patient: _____

Alternate contact: _____ Phone: _____

Alternate contact's relationship to patient: _____

Does patient carry identification: ____ Yes ____ No: If so, what type: _____

Does patient have a driver's license: ____ Yes ____ No: If yes, driver's license # _____

Does patient own a vehicle: ____ Yes ____ No: If yes, vehicle make: _____

Vehicle model/ year/ color: _____ Plate #: _____

Has patient wandered in the past: ____ Yes ____ No: If so, any particular destination(s): _____

Additional medical issues (Ex: Diabetes, cancer, Autism, etc.): _____

Does patient have history of being harmful or threatening to themselves or others (verbally or physically): ____ Yes ____ No ____ If so, please describe: _____

Did patient serve in the Military: ____ Yes ____ No If so, what branch: _____

Has patient experienced past trauma that our Department should be aware of: ____ Yes ____ No

If yes, please describe (this information will be kept confidential and will only be used in the case of an emergency, when searching for, or approaching, your loved one): _____

Is patient agitated or disoriented by lights, sirens, sudden lights or sounds: ____ Yes ____ No

Please provide additional information about potential triggers here, if needed: _____

Any calming techniques (Ex: getting a snack, talking about a topic of interest, etc.): _____

Any other helpful information we should be aware of: _____

Relationship and contact information of person completing this form: _____

****Along with this form, please attach an updated photo of the patient****

I, _____ give my permission to the Mont Vernon Police Department to retain this information, to be kept in strict confidence. This information will be used in response to emergency calls (including missing/found person incidents).