



Alzheimer's / Dementia Checklist for Law Enforcement/First Responders

A registry to assist persons at risk

Applicant

Last Name: _____ First Name: _____

Address: _____ Phone: _____

Personal Description

Race: _____ Sex: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Scars or Birthmarks: _____

Glasses: _____

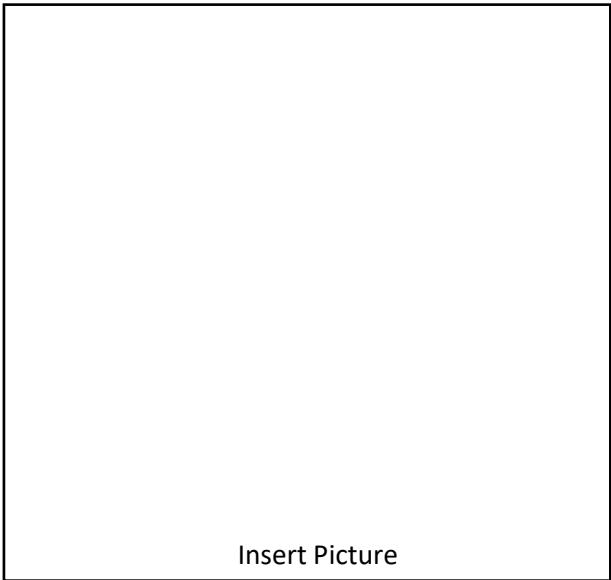
Diagnosis: _____

Any co-existing diagnosis: _____

Does he/she carry any special identification?

Yes No

If so, what form and where is it carried? _____



Emergency Contacts

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Medical Information

Mental Health Diagnosis: _____

Medical Concerns: _____

Current Medication: _____

Any Allergies to Medication? Yes No

List: _____

Does he/she have seizures? Yes No

Is he/she verbal or non-verbal? Verbal Non-Verbal

If non-verbal, what type of communication does he/she use? _____

Is he/she sensitive to noise? Yes No

Is he/she sensitive to touch? Yes No

Eye Contact Good Fair Poor

Does he/she engage in self-stimming behavior? If so, which one: _____

What are his/her favorite topics of conversation? _____

List any triggers that may upset him/her: _____

Does he/she persevere on any particular object or theme: _____

Any other pertinent info? _____

Does he/she have any specific fears? Yes No

If so, what are they? _____

History

Alcohol/drug issues? _____

Prior arrest/contact with police? _____

History of violence against police/parents/others? _____

Any weapons in your house? Yes No

If so, are they properly secured? Yes No

RELEASE

I, _____ give my permission to the town of _____ to retain and distribute this information to first response/law enforcement personnel for the sole purpose of identification and assistance to the person at risk.

Print Name: _____

Signature: _____

Date: _____