



# **METHUEN POLICE DEPARTMENT**

## **Alzheimer's Alert Form**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Contact Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_

Language \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Identifying Scars / Features  
\_\_\_\_\_  
\_\_\_\_\_

Carries / Wears ID Yes \_\_\_\_\_ No \_\_\_\_\_

(attach photo here)

What type of ID ? \_\_\_\_\_

Where on person is it carried ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known Health Problems  
\_\_\_\_\_  
\_\_\_\_\_

Medications  
\_\_\_\_\_  
\_\_\_\_\_

Doctors Name \_\_\_\_\_

Lives Alone? Yes \_\_\_\_\_ No \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_

If No, who does he / she live with?

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Hospital \_\_\_\_\_

Relationship \_\_\_\_\_

Contact # \_\_\_\_\_

**Other Contacts:**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Contact # \_\_\_\_\_

Contact # \_\_\_\_\_

Does Alzheimer's Patient hold a valid Drivers License? Yes \_\_\_ No \_\_\_

Lic. # \_\_\_\_\_

Does Alzheimer's Patient drive a Registered Vehicle? Yes \_\_\_ No \_\_\_

Veh. Reg #\_\_\_\_\_

Does Alzheimer's Patient have problems with: Vision \_\_\_ Hearing \_\_\_ Speech \_\_\_ Reading \_\_\_

Writing \_\_\_ Poor Judgement \_\_\_ Becoming Confused \_\_\_ Understanding \_\_\_

Memory \_\_\_ Following Directions \_\_\_ Emotional Outbursts (tears, laughter, anger, striking others)

Becoming lost while walking \_\_\_ while driving \_\_\_ wandering \_\_\_

If lost, in what direction and to which places is the person likely to go? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the Alzheimer's Patient receive Community Services? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Helpful comments / methods of approach / special instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Release Form**

This information was voluntarily given to \_\_\_\_\_

By \_\_\_\_\_ Relationship \_\_\_\_\_

I understand that this information will be kept on file at the local police station for reference and protection of the client.  
All information is strictly CONFIDENTIAL.

Signature \_\_\_\_\_ Date \_\_\_\_\_