



# 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 \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Hospital \_\_\_\_\_

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

**Other Contacts:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_\_

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**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 \_\_\_\_\_