



# 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

Insert Picture

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 perseverate 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: \_\_\_\_\_