The Newbury Police Department strongly recommends all caretakers of Newbury residents living with mental health or autism spectrum disorders complete this form. In the event of an emergency the information provided will be used by officers to ensure a safe and rapid response.

MENTAL HEALTH / AUTISM SPECTRUM DISORDER POLICE INFORMATION COLLECTION FORM

PATIENT INFORMATION

NAME:_____

ADDRESS: _____

DOB: _____ SS#:_____

PHONE #: ( )

Gender:_____ Race:_____ Language:_____ Height:_____

Weight:_____ Eyes:_____ Hair:_____ Build: _____

Handed: R L AMB Glasses: YES NO Facial Hair: YES NO

Please list any distinctive marks, moles, scars, tattoos or jewelry worn:

MENTAL HEALTH RELATED SIGNS/SYMPTOMS

Please describe patient's condition:
_____

*Check **ALL** that apply. You can elaborate on the final page.*

□ Restlessness □ Anxiety □ Agitation □ Hallucinations □ Delusions

□ Suspiciousness □ Paranoia □ Seizures □ Self-Harm □ Suicidal Ideation

□ Unable to speak or □ Grunts/groans to communicate or □ Uses sign language/pictures

□ Wanders or □ Gets confused/lost in familiar places

□ Has difficulty recognizing family & friends or □ Overly trusting even of strangers

□ Has diminished reasoning skills (right/wrong, safe/unsafe, etc.)

□ Physically violent toward family, friends and/or caregivers

□ Fears police and/or □ Physically violent against Police

□ High sensory sensitivity (sounds, smells, bright lights)

Please Specify:

□ Other:

Are there any other health/medical concerns? YES NO On any medications? YES NO

If YES to either question, please describe:

Please list any compulsions, obsessions or ticks:

*Please complete all fields, **attach a recent photograph of the patient**, and return form to:*
Newbury Police Department, 7 Morgan Ave, Newbury, MA 01951 978-462-4440 x217
Attn: Officer John R Lucey III j.lucey3@newburypolice.com

IF PATIENT GOES MISSING

Currently attends Out-of-Home Programs: YES NO
If YES, where and what are the hours?

Access to a motor vehicle: YES NO
If YES, what is the registration number & state?

Please list any possible points of interests to patient (i.e., beach, park, store, school, etc.):

Please list environmental stimuli that may interest patient (i.e., cars, trains, animals, water, etc.):

Other helpful info:

PRIMARY EMERGENCY CONTACT INFORMATION

Are you the person completing this questionnaire? YES NO

RELATIONSHIP TO PATIENT:_____

NAME:_____

ADDRESS: _____

DOB: _____ SS#:_____

HOME PHONE #: ( )

WORK PHONE #: ( ) CELL PHONE #: ( )

SECONDARY EMERGENCY CONTACT INFORMATION

RELATIONSHIP TO PATIENT:_____

NAME:_____

ADDRESS: _____

DOB: _____ SS#:_____

HOME PHONE #: ( )

WORK PHONE #: ( ) CELL PHONE #: ( )

Please list other emergency contacts, doctors, or therapists (if applicable), on back of this sheet

*Please complete all fields, **attach a recent photograph of the patient**, and return form to:*
Newbury Police Department, 7 Morgan Ave, Newbury, MA 01951 978-462-4440 x217
Attn: Officer John R Lucey III j.lucey3@newburypolice.com

OTHER HELPFUL INFORMATION

Is there anything other information that you think would be helpful for the police department to know in order to provide a safe & rapid response?

Please use the space below to elaborate on any information provided on previous pages.

Your Name _____ Date _____

Your Signature _____ Police Officer Signature _____

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Attn: Officer John R Lucey III j.lucey3@newburypolice.com

PLEASE ATTACH A RECENT PHOTOGRAPH

*Please complete all fields, **attach a recent photograph of the patient**, and return form to:*
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