The Newbury Police Department strongly recommends all caretakers of Newbury residents living with cognitive impairment, such as dementia and Alzheimer's disease, complete this form. In the event of an emergency the information provided will be used by officers to ensure a safe and rapid response.

COGNITIVE IMPAIRMENT / ALZHEIMER'S DISEASE POLICE INFORMATION COLLECTION FORM

PATIENT INFORMATION

NAME:_____

ADDRESS: _____

DOB: _____ SS#:_____

PHONE #: ( )

Gender:_____ Ethnicity:_____ Race:_____ Height:_

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

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

CANE/WALKER: YES NO Dentures: YES NO Wig/Toupee: YES NO Blink YES NO

Dementia YES NO SUSPECTED **Alzheimer's** YES NO SUSPECTED

Visible scars, birth marks or tattoos? YES NO _____

MENTAL HEALTH RELATED SIGNS/SYMPTOMS

Please describe party's condition: _____

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

□ Restlessness □ Anxiety □ Agitation □ Hallucinations □ Delusions
□ General Confusion □ 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
□ Other:

Are there any other health/ medical / mental concerns or diagnosis? YES NO (if yes, list please)

Is the patient on any medications? YES NO (if yes, please describe)

*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?

Is Merrimack Valley Elder Services involved at this time? YES NO
If YES, what is the Case Workers name?

Primary Healthcare Provider, Practice & Telephone #:

Does the patient have access to a motor vehicle? YES NO
If YES, what is the registration number and state?

Other helpful info:

PRIMARY EMERGENCY CONTACT INFORMATION

Are you the person completing this packet? YES NO

RELATIONSHIP TO PATIENT:_____

NAME:_____

ADDRESS: _____

DOB: _____ SS#:_____

PHONE #: ( )

CELL PHONE #: ( )

SECONDARY EMERGENCY CONTACT INFORMATION

RELATIONSHIP TO PATIENT:_____

NAME:_____

ADDRESS: _____

DOB: _____ SS#:_____

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 _____

*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
Attention: Deputy Chief Aaron Wojtkowski
a.wojtkowski@newburypolice.com