NEW CASTLE POLICE DEPARTMENT
43 Main Street P.O. Box 367 New Castle, New Hampshire 03854-0367

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Chief of Police
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ALZHEIMERS/ELDERLY ALERT

INSTRUCTIONS: Complete form, affix photograph, and return to the New Castle Police Department.

AFFIX RECENT PHOTOGRAPH
~
HEAD AND SHOULDERS PREFERRED

Patient: ______________________________

Lives with: ______________________________

Relationship to patient: ______________________________

Address: ______________________________

____
City State Zip

Home Phone: ______________ Cell/Work: ______________

Date of Birth: __________ Social Security #: ______________ Glasses? ______

Height: ______ Weight: ______ Eye Color: ______ Hair Color: ______

Identifying Scars / Marks / Tattoos: ______________________________

Does patient attend day care? _____ Location: ______________________________

Does patient have an in home healthcare provider? ___ Name: ____________Number: ______

Patient's Physician: ______________________ Telephone: ______________

Neighbor or other local contact: ______________________________

Home Phone: ______________________ Cell/Work: ______________________

Address: ______________________________
Street City State Zip

Other family contact: ______________________________

Address: ______________________________
Street City State Zip

Home Phone: ______________________ Cell/Work: ______________________

TURN OVER

Does the patient carry identification (i.e. ID bracelet, wallet, etc.)? ______________________________________

____

Does the patient have a driver's license? _____ Vehicle? _____ If "Yes", what is the license plate? _________

Does the patient wander? ______________________ If so, in any particular direction or place? _____________

____

Does the patient speak English? ___________ Any other languages? ____________________________________

____

Can the patient communicate clearly? ____

Is the patient abusive, either verbally or physically? ____

____

What medical issues does the patient have? ____

____

____

Any other helpful comments? ____

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RELEASE FORM

I, _______________________________________ , understand that I am providing the above information voluntarily and give my permission to the New Castle Police Department to retain this information.

____
Signature

____
Date

NCPD 403-a