



# NORTH PROVIDENCE POLICE DEPARTMENT

## ALZHEIMER'S ALERT!

A police department registry to assist care givers of persons with dementing illness.

Instructions: Complete form, affix photograph and return to

North Providence Police  
1967 Mineral Spring Avenue  
North Providence, RI  
Telephone 231-4533

Patient \_\_\_\_\_

Lives with \_\_\_\_\_

I.D.# \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Telephone \_\_\_\_\_

AFFIX A RECENT PHOTOGRAPH  
HEAD AND SHOULDERS PREFERRED

Neighbor or  
Other local contact \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Telephone \_\_\_\_\_

Other family contact \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Telephone \_\_\_\_\_



Thumb Print

### Patient Information

Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

Identifying scars/deformities \_\_\_\_\_

Does patient attend Day Care Program? \_\_\_\_\_ If so, where? \_\_\_\_\_

IDENTIFYING SCARS/DEFORMITIES \_\_\_\_\_

MEDICATION BEING TAKEN \_\_\_\_\_

ADDITIONAL PHYSICAL PROBLEMS \_\_\_\_\_

DOES PATIENT WANDER? \_\_\_\_\_

IF SO, IN ANY PARTICULAR DIRECTION/PLACE? \_\_\_\_\_

DOES PATIENT STILL DRIVE? \_\_\_\_\_ DO THEY HAVE ACCESS TO A CAR? \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

DOES PATIENT CARRY IDENTIFICATION? \_\_\_\_\_ WHAT? \_\_\_\_\_

ANY PARTICULAR HABITS? \_\_\_\_\_

IS PATIENT ABUSIVE-PHYSICALLY OR VERBALLY? \_\_\_\_\_

OTHER HELPFUL COMMENTS:

**RELEASE FORM**

I, \_\_\_\_\_, give my permission to the NORTH PROVIDENCE POLICE DEPARTMENT to retain this information, to be kept confidentially on file for the purposes of identification and assistance relative to ALZHEIMER'S ALERT efforts, and related investigative activities.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_