



NORTH PROVIDENCE POLICE DEPARTMENT



ALZHEIMER'S ALERT

A Police Department Registry to Assist Caregivers of Persons with Dementing Illness

Instructions: Complete form, affix photograph and return to:

Officer Badge # _____

North Providence Police Department
1835 Mineral Spring Avenue
North Providence, RI 02904
Telephone 401-231-4533

Patient _____

Lives with _____

Relationship to Patient _____

Address _____

Telephone # _____

Neighbor Other Local Contact _____

Relationship to Patient _____

Address _____

Telephone # _____

Other Family Contact _____

Relationship to Patient _____

Address _____

Telephone # _____

Patient Information

Date of Birth _____ Height _____ Weight _____ Eye Color _____

Hair Color _____ Identifying Scars/Deformities _____

Does Patient Attend Day Care Program? _____ If so, Where? _____

Patient's Physician _____ Telephone # _____

AFFIX A RECENT PHOTOGRAPH
(Head and Shoulders Preferred)

THUMB PRINT