



Wentworth Police Department

PO Box 223
7 Atwell Hill Road
Wentworth, NH 03282

Emergency: 911
Dispatch: 603-787-6202

Business Phone: 603-764-5912
Business Fax: 603-764-5913
Email: wentworth.police@roadrunner.com



Kevin M. Kay, Chief of Police

ALZHEIMER'S ALERT INSTRUCTIONS

Complete the form, affix photograph, and return to Police.

PATIENTS NAME: _____

LIVES WITH: _____

RELATIONSHIP TO PATIENT: _____

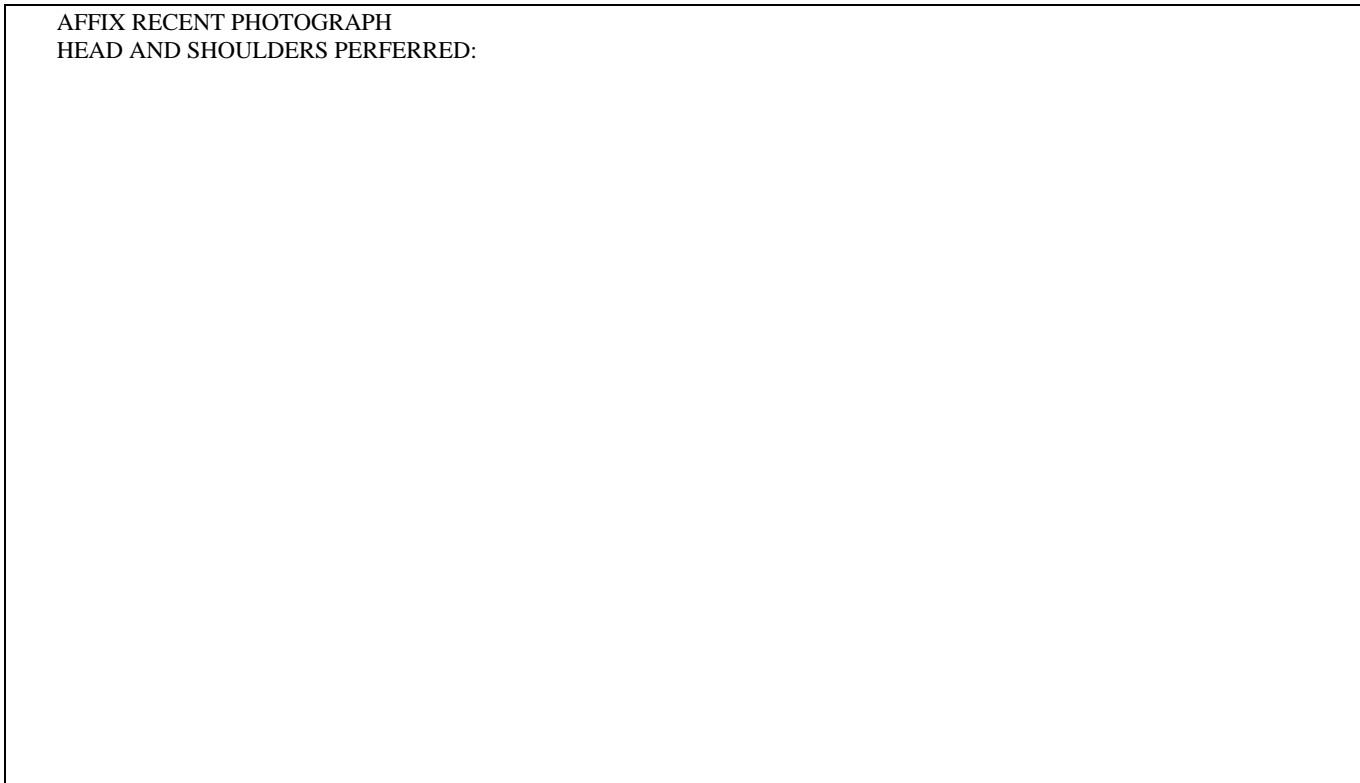
ADDRESS: _____

(Town)

(State)

(Zip)

AFFIX RECENT PHOTOGRAPH
HEAD AND SHOULDERS PERFERRED:



Local contact person: _____

Relationship: _____ Telephone: _____ Other Phone: _____

Address: _____
(Street) (City) (State)

Honor • Dedication • Service

PATIENT INFORMATION

Date of Birth: _____ Height: _____ Weight: _____

Glasses: _____ Color of Eyes: _____ Color of Hair: _____

Identifying scars / Marks: _____

Does patient attend Day Care? _____

If yes, the location? _____

Patient's Physician: _____ Telephone: _____

PATIENT'S HABITS

Does patient wander? _____

If so, in any particular direction / place? _____

Does patient carry identification (i.e. ID bracelet, wallet)? _____

What language(s) does the patient speak? _____

Individual habits / speech problem or pattern? _____

Is patient abusive – physically and/or verbally? _____

Any other helpful comments? _____

RELEASE FORM

I, _____ give my permission to the Wentworth Police Department to retain this information, to be kept in strict confidence and to be disclosed to NO other agency or individual(s) without my further permission. I may be contact at: _____

Contact phone number (s)

Printed Name

Signature

Date