



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.nh.pd@gmail.com

Wallace Trott, Chief of Police

ALZHEIMER'S ALERT INSTRUCTIONS

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

Patient's Name: _____

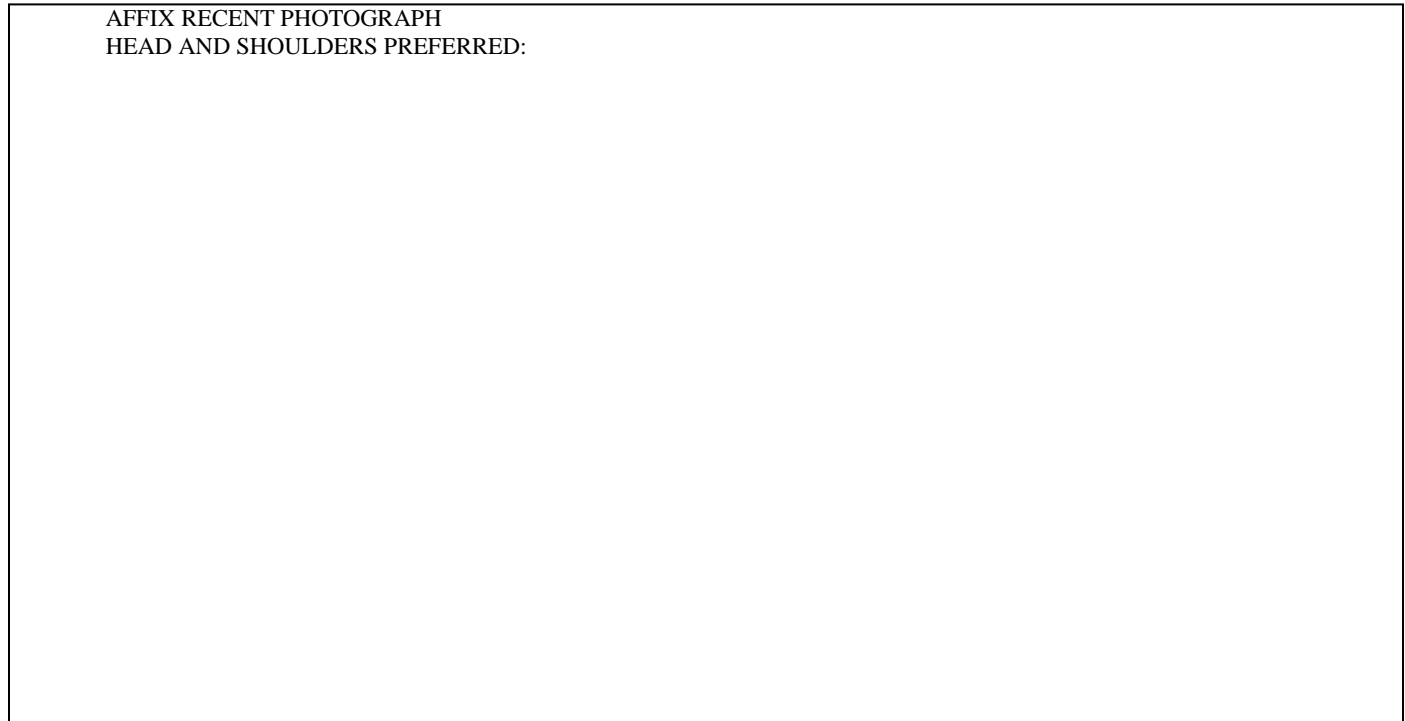
Lives With: _____

Relationship to Patient: _____

Street Address: _____

_____ (Town) _____ (State) _____ (Zip)

AFFIX RECENT PHOTOGRAPH
HEAD AND SHOULDERS PREFERRED:



Local contact person: _____

Relationship: _____ Telephone: _____ Other Phone: _____

Street Address: _____

_____ (Town) _____ (State) _____ (Zip)

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? Yes No 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? *Please use the back or a new page for any additional information.*

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 contacted at: _____.

Contact phone number (s)

Printed Name _____ Signature _____ Date _____