NORTHBOROUGH POLICE DEPARTMENT

DEMENTIA/COGNITIVE ISSUES ALERT

This is a cooperative effort of the Northborough Police Department and the Northborough Council on Aging to assist caregivers of individual's with dementia or cognitive issues. The data provided is to be used to assist in the investigation of a person who is reported missing.

Return completed form to:

**NORTHBOROUGH POLICE DEPARTMENT
211 MAIN STREET
NORTHBOROUGH, MA 01532
C/O CHRISTOPHER CARLETON**

Or email: ccarleton@town.northborough.ma.us
Fax: 508-393-1521

Attach recent photo here
Head and Shoulder
if possible

INFORMATION

Name _____ D.O.B. _____

Address _____

Race _____ Height _____ Weight _____

Eyes _____ Hair _____

Cognitive Issue / Diagnosis _____

Identifying Marks _____

Tattoo's, scars, prosthesis _____

☐ Right Handed
☐ Left Handed

Does the individual attend a day care program?   ☐ YES   ☐ NO

If yes, where? _____

Individual's Physician _____ Physician's Phone _____

Medications _____

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Any additional physical problems? _____

Does the individual drive? ☐ YES ☐ NO   Have access to a car? ☐ YES ☐ NO

If yes, Plate# _____   State _____   Make _____

Model _____   Year _____   Color _____

Does the individual carry identification? ☐ YES ☐ NO   If yes, what? _____

Does the individual have any particular habits? _____

Is the individual physically aggressive? ☐ YES ☐ NO

Other helpful information _____

Hobbies and/or favorite locations _____

If reported missing before, where have they been found? _____

CAREGIVER INFORMATION

Individual lives with _____

Relationship to individual _____   Phone _____

Address _____

Contact 2 _____

Relationship to individual _____   Phone _____

Address _____

Contact 3 _____

Relationship to individual _____ Phone _____

Address _____

Contact 4 _____

Relationship to individual _____ Phone _____

Address _____

RELEASE FORM

I, _____ , give my permission for the Northborough Police Department to retain this information, to be kept confidentially on file for the purposes of identification and assistance relative to DEMENTIA/COGNITIVE ISSUES ALERT efforts and related investigative activities.

Signature _____ **Date** _____