



CUMBERLAND POLICE DEPARTMENT

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Alzheimer's Alert Program

Name_____

Address_____

Lives With_____ Relationship_____

Nick Name_____

Date of Birth_____ Phone #_____

Height_____ Weight_____ Hair_____

Eyes_____ Glasses_____ Hearing Aid_____

Distinguishing
Features_____

Language Spoken_____ Can client Understand Simple Directions_____

Is Client Verbally Abusive? _____ Is Client Physically Abusive? _____

Does Client Wander? If Yes, any particular Direction or Place?

Individual Habits?_____

Primary Physician?_____

Diagnosis, Pertinent to Illness/Behavior?

Medications?_____

Additional Information_____

Emergency Contact_____ Phone #_____

Alternate Contact_____ Phone#_____