Burlington Police Memory Disorder Alert

A police department registry to assist care givers of persons with memory disorders.

Instructions: Complete form, affix photograph and return to:

Burlington Police Department
45 Center St., Burlington, MA 01803
Telephone 781-270-1916

Officer Lyn Reynolds
lreynolds@bpd.org
Telephone 781-505-4958

Name: ________________________________________________________________

AFFIX PHOTO HERE

Date of Birth ___________________________ Weight _________________________

Eye Color ___________________________ Hair Color _________________________
Burlington Police Memory Disorder Alert

Lives with______________________________________________________________

Relationship to patient__________________________________________________

Address________________________________________________________________

Home phone_______________________ Cell Phone______________________________

Neighbor or other local contact____________________________________________

Relationship________________________ Address__________________________________

Home phone_______________________ Cell Phone______________________________

Does the patient attend a Day Care Program? ________________________________

If so, where______________________________________________________________

Patient’s Physician________________________ Telephone_______________________

Identifying scars/marks or tattoos__________________________________________

_____________________________________________________________________

Medications______________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
Additional physical issues or limitations ____________________________

__________________________________________________________________

Does the patient wander? _______________________________________

If so, in any particular direction/place? ____________________________

__________________________________________________________________

Does the patient still drive? ___________ Do they have access to a car? ___________

License plate __________________________ Make ______________________

Model __________________________ Year __________________________

Does the patient carry identification? ____________________________

What do they carry? __________________________

Any Particular Habits? __________________________

__________________________________________________________________

Is patient combative physically or verbally? _________________________

__________________________________________________________________

RELEASE FORM

I, ____________________________________________, give my permission to the Burlington Police Department to retain this information, to be kept confidentially on file for the purpose of identification and assistance related to the Memory Disorder Alert efforts, and related investigative activities.

Signature: __________________________________________

Date: __________________________________________