



# 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: \_\_\_\_\_

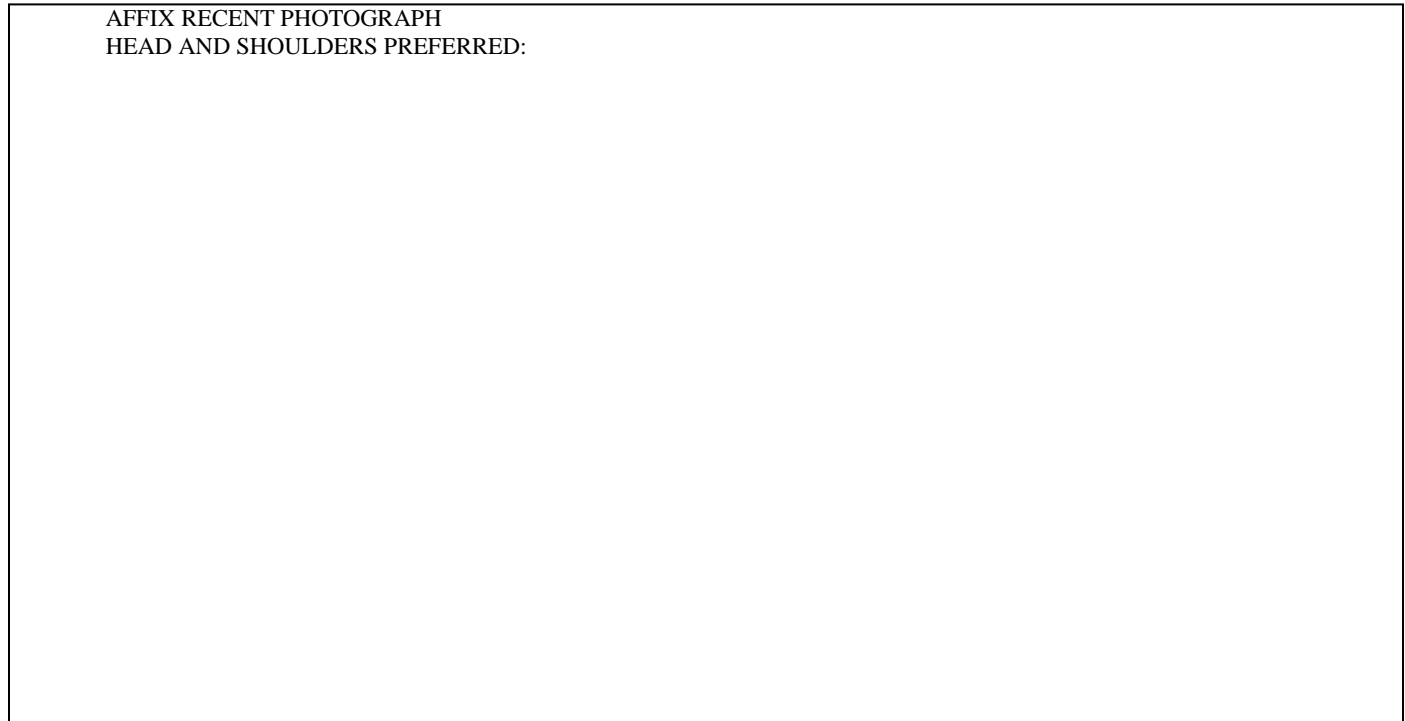
Lives With: \_\_\_\_\_

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 \_\_\_\_\_