

Town of Holbrook Police and Fire Departments

300 South Franklin Street
Holbrook, MA 02343

Medical/Alzheimer's Emergency Responder Alert Form

INSTRUCTIONS: Complete this form, affix a recent photo, and mail or deliver to the Holbrook Police Department at the above listed address.

Patient Name: _____

Lives With: _____

Relationship to Patient: _____

Home Address: _____

Telephone: _____

PLACE PHOTO HERE

Neighbor or other Local Contact: _____

Relationship: _____

Address: _____

Telephone: _____

Primary Care Physician (PCP): _____

PCP Contact Information: _____

Patient Information:

Date of Birth: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Race: _____ Glasses? Yes / No

Identifying Scars or Marks: _____

Does Patient Attend Care? Yes / No Location: _____

Prescribed Medications: _____

Does Patient Wander? Yes / No Location(s): _____

Spoken Language: _____ Speech or Hearing Problems: _____

Habits or Patterns of Behavior: _____

Is the Patient Physically or Verbally abusive? Yes / No

Other Pertinent Information: _____

Release Form:

I, _____, give my permission to the Holbrook Police and Fire Departments to retain this information, to be kept confidentially for the purposes of identification and assistance relative to the Elderly Patient described herein and related investigative activities.

Signature: _____

Date: _____