



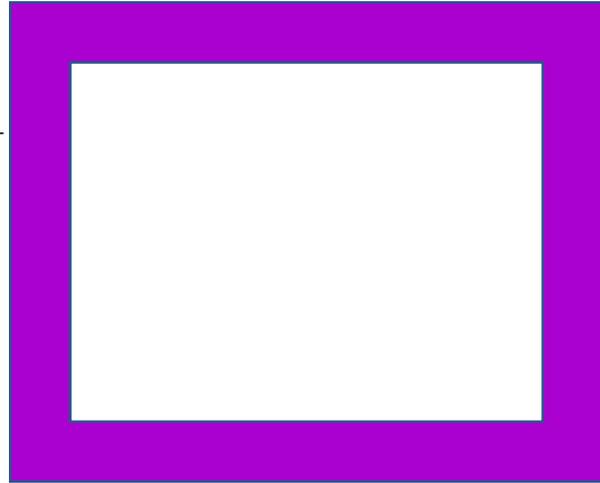
Dementia Safety Alert Form

This form provides communication and quick access to important information regarding your individual with Alzheimer's/Dementia

Please be sure to include any and all information that you believe can support Mendota first responders in ensuring the safety of a vulnerable person in a crisis situation.



First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Any nickname individual may respond to: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Birth date \_\_\_\_\_ Male Female  
Weight \_\_\_\_\_ Height \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_



\_\_\_\_\_ Caretaker's Name/ Phone #

\_\_\_\_\_ Add. Emergency Contact #1 Name/ Phone #

\_\_\_\_\_ Add. Emergency Contact #2 Name/ Phone #

Employer Name, Address, Phone #: \_\_\_\_\_

Will individual respond to his/her name? Yes No

Does the individual have a fear of dogs? Yes No

Individual's spoken language \_\_\_\_\_

Past Addresses person might go to (home or work) \_\_\_\_\_

Make/Model of Vehicle (family or individual) \_\_\_\_\_

Individual's official diagnosis: \_\_\_\_\_

Individual's identifying marks, medications (and dosage) & medical needs: \_\_\_\_\_

Is individual prone to seizures: Yes No Medical Provider: \_\_\_\_\_

Can individual respond to yes or no questions Yes No

List best means of communication in stressful situation: \_\_\_\_\_

Dementia Behaviors:

Runs away (wanders)      May act aggressively if touched or forced to comply      Confusion

Difficulty understanding language      Symptoms worse at night      Irritable

Restless      Nervous      Mood Swings      Unsteady walking

Hallucination      Jumbled speech

Does the individual have the ability to follow commands? \_\_\_\_\_

Dislikes of individual: \_\_\_\_\_

Favorite hobbies, objects, songs, movies, TV shows, discussion of topics: \_\_\_\_\_

Additional information first responders may need: \_\_\_\_\_

I, \_\_\_\_\_, give my full permission to the Mendota first responders to retain this information, to be kept on file for the purpose of identification and the assistance relative to Alzheimers/Dementia patient identification efforts and related activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mendota Police Officer Chad Hochstatter, Email: [chochstatter@mendotapolice.com](mailto:chochstatter@mendotapolice.com), Phone: 815-539-9331