



WESTFIELD POLICE DEPARTMENT
15 WASHINGTON STREET
WESTFIELD, MA 01085
TEL: 562-5411 FAX - 413-572-6551

ALZHEIMER'S ALERT

A Cooperative program between the Visiting Nurses Association of Springfield, MA and The Westfield Police Department

Instructions: Complete this form, attach a photograph of the Patient and return to The Westfield Police Department.

Patient's Name _____ Date of Birth _____ Age _____

Address _____, Westfield, MA
Street and Number

Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

Identifying scars, marks or tattoos _____, _____, _____,
_____, _____, _____, _____.

Does the Patient live with anyone? YES _____ NO _____ If yes, list with whom, _____

Relationship to the Patient, _____ Phone Number: (H) _____ (W) _____ Cell Phone _____

List closest contact not living with the Patient _____ Relationship to Patient _____

Address _____ Phone Number (H) _____ (W) _____ Cell _____
Street, City, State

Neighbor or Other local contact _____ Relationship to Patient _____

Address _____ Phone Number (H) _____ (W) _____ Cell _____
Street, City, State

Other family member contact _____ Relationship to Patient _____

Address _____ Phone Number (H) _____ (W) _____ Cell _____
Street, City, State

Does Patient attend a Day Care program? YES _____ NO _____ If yes, where _____

Patient's Physician _____ Address _____

Phone Number _____

Remarks _____

ATTACH A RECENT PHOTOGRAPH
HEAD AND SHOULDERS PREFERRED