



At Risk Mental/Alzheimer/Dementia Patient

Name: _____

Nickname: _____

Address: _____

(Photo)

Phone: _____

Height: _____ Weight: _____

Hair Color _____ Eye Color _____ Language Spoken: _____

Family/Friends, Addresses and Phone Numbers (also Cell Phone #s): _____

Places They Might Go: _____

Attending Physician (in Powell) _____

Any Health Issues you would like us or the hospital to know about: _____

Medications and Dosages: _____

Physical Handicaps: _____

Psychological Problems and Nature: _____

Wears ID bracelet/necklace? _____

This is a voluntary information sheet for people who care for at risk loved ones and would like the police department to be able to recognize them and know how to find their families if they should wander from home. This information is to be used by Law Enforcement and any search personnel only.