



Prescott Police Department

ALZHEIMER'S ALERT

Alzheimer's and related illnesses

1. This address advisory form is designed to relay pertinent information regarding a resident within the jurisdiction of the City of Prescott to the Prescott Regional Communications Center (PRCC). All information received will be placed electronically into the Computer Aided Dispatch (CAD) system; linking it to the provided address.
2. The information received will be available to first responders dispatched to the address listed in Part I below. The information may be helpful to the first responders in their initial response and contact at the specified location.
3. The information provided will stay attached to the provided address until the Primary Caregiver in Part II asks that it be removed or the current situation is no longer applicable.
4. Any information submitted will be used for the purposes of emergency response only with the goal of providing the best services possible to our community residents.
5. Please complete Part I through III and mail to:

Alzheimer's Alert Program

222 S Marina Street
Prescott, AZ 86303

PART I: Personal Information on Individual Living
with Alzheimer's Disease

PART II: Reporting Person

PART III: Primary Care Physician

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PART I

BRACELET ID# _____

PERSONAL INFORMATION ON INDIVIDUAL LIVING WITH ALZHEIMER'S DISEASE			
LAST NAME:		FIRST NAME:	
PHYSICAL ADDRESS:			
TYPE OF RESIDENCE:	<input type="checkbox"/> APT.	<input type="checkbox"/> HOUSE	<input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER:
INDIVIDUAL LIVES:	<input type="checkbox"/> ALONE	<input type="checkbox"/> WITH OTHERS: NAME:	
HEIGHT:	WEIGHT:	SEX: MALE	FEMALE
HAIR COLOR:	EYE COLOR:	D.O.B.:	
DISTINGUISHING FEATURES:			
MEDICAL CONCERNS:			
REMARKS (INCLUDING INFORMATION ON PRESENTING PROBLEMS, REASON FOR CALL, SIGNIFICANT AGITATION-TRIGGERS & TYPE, FEARS, SAFETY CONCERNS, SUICIDAL IDEATION, ISSUES OF ABUSE, ETC.			
WANDERING HISTORY: EMERGENCY RESPONSE PROGRAM INFORMATION; POSSIBLE DESTINATIONS, ETC.			
LOCATION(S) PREVIOUSLY LOCATED:			

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PART II

PRIMARY CAREGIVER INFORMATION	
LAST NAME:	FIRST NAME:
RELATIONSHIP TO PERSON WITH DEMENTIA:	
PHYSICAL ADDRESS:	
HOME TELEPHONE NO.:	CELL PHONE NO.:
SECONDARY CONTACT INFORMATION	
LAST NAME:	FIRST NAME:
RELATIONSHIP TO PERSON WITH DEMENTIA:	
PHYSICAL ADDRESS:	
HOME TELEPHONE NO.:	CELL PHONE NO.:

PART III

PRIMARY CARE PHYSICIAN (FOR INDIVIDUAL LIVING WITH ALZHEIMER'S DISEASE)	
LAST NAME:	FIRST NAME:
TELEPHONE NO.:	

If you have any questions regarding this program, please contact:

Prescott Police Department
Community Outreach Coordinator
222 S. Marina St. Prescott, AZ 86303
(928) 777-1900 ext 5611

PERSON COMPLETING FORM:

NAME: _____
ADDRESS: _____
PHONE: _____
RELATIONSHIP: _____
SIGNATURE: _____
DATE: _____

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DATE ENTERED: _____

INFORMATION CONTAINED IN THIS PACKET IS FOR THE INTENDED USE OF FIRST RESPONDERS TO EXPEDITE THE SAFETY AND CARE OF THE INDIVIDUAL LIVING WITH ALZHEIMER'S.
ID BRACELETS ARE SOLELY FOR THE PURPOSE OF HELPING FIRST RESPONDERS IDENTIFY THE INDIVIDUAL AND THEIR CAREGIVER INFORMATION IN AN EMERGENCY.