



CUMBERLAND POLICE DEPARTMENT  
1380 DIAMOND HILL ROAD  
CUMBERLAND, RI 02864-5999  
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**Alzheimer's Alert Program**

Name \_\_\_\_\_

Address \_\_\_\_\_

Lives With \_\_\_\_\_ Relationship \_\_\_\_\_

Nick Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_

Eyes \_\_\_\_\_ Glasses \_\_\_\_\_ Hearing Aid \_\_\_\_\_

Distinguishing  
Features \_\_\_\_\_

Language Spoken \_\_\_\_\_ Can client Understand Simple Directions \_\_\_\_\_

Is Client Verbally Abusive? \_\_\_\_\_ Is Client Physically Abusive? \_\_\_\_\_

Does Client Wander? If Yes, any particular Direction or Place?  
\_\_\_\_\_

Individual Habits? \_\_\_\_\_

Primary Physician? \_\_\_\_\_

Diagnosis, Pertinent to Illness/Behavior? \_\_\_\_\_  
\_\_\_\_\_

Medications? \_\_\_\_\_

Additional Information \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone# \_\_\_\_\_