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to the provided address until the Primary Caregiver in Part II asks that it be removed or the current situation is no longer applicable.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:

   Prescott Regional Communications Center
   Alzheimer’s Alert
   216 S. Cortez St.
   Prescott, AZ  86303

   PART I:  Personal Information on Individual Living with Alzheimer’s Disease
   PART II: Reporting Person
   PART III: Primary Care Physician

Revised 11/4/2014
# PERSONAL INFORMATION ON INDIVIDUAL LIVING WITH ALZHEIMER'S DISEASE

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
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</table>

**PHYSICAL ADDRESS:**

**TYPE OF RESIDENCE:**

- [ ] APT.
- [ ] HOUSE
- [ ] NURSING HOME
- [ ] OTHER:

**INDIVIDUAL LIVES:**

- [ ] ALONE
- [ ] 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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**FOR OFFICIAL USE ONLY**

Revised 11/4/2014
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## PART II

### PRIMARY CAREGIVER INFORMATION

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
</tr>
</thead>
</table>

RELATIONSHIP TO PERSON WITH DEMENTIA:

PHYSICAL ADDRESS:

<table>
<thead>
<tr>
<th>HOME TELEPHONE NO.:</th>
<th>CELL PHONE NO.:</th>
</tr>
</thead>
</table>

### SECONDARY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
</tr>
</thead>
</table>

RELATIONSHIP TO PERSON WITH DEMENTIA:

PHYSICAL ADDRESS:

<table>
<thead>
<tr>
<th>HOME TELEPHONE NO.:</th>
<th>CELL PHONE NO.:</th>
</tr>
</thead>
</table>

## PART III

### PRIMARY CARE PHYSICIAN (FOR INDIVIDUAL LIVING WITH ALZHEIMER’S DISEASE)

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST NAME:</th>
</tr>
</thead>
</table>

TELEPHONE NO.: 

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

Prescott Police Department
Support Services Section
222 S. Marina St.
Prescott, AZ 86303
(928) 777-1900

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In the event of an emergency, if the individual cannot communicate, their caregiver may use the information in this packet to alert and assist local authorities. This information is intended for medical and law enforcement personnel who may not otherwise know the individual’s medical needs. The ID bracelets are meant only to assist in identifying the individual and their caregiver in the event of an emergency.