



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to the provided address until the Primary Caregiver in **Part II** asks that it be removed or the current situation is no longer applicable.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

**CONFIDENTIAL**  
**FOR OFFICIAL USE ONLY**

**PART I**

**BRACELET ID#** \_\_\_\_\_

<b>PERSONAL INFORMATION ON INDIVIDUAL LIVING WITH ALZHEIMER'S DISEASE</b>			
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 <input type="checkbox"/> FEMALE <input type="checkbox"/>	
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**

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

**PART III**

<b>PRIMARY CARE PHYSICIAN (FOR INDIVIDUAL LIVING WITH ALZHEIMER'S DISEASE)</b>	
LAST NAME:	FIRST NAME:
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

<b>PERSON COMPLETING FORM:</b>
NAME: _____
ADDRESS: _____
PHONE: _____
RELATIONSHIP: _____
SIGNATURE: _____
DATE: _____

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*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.*

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