

**Town of Holbrook Police and Fire Departments**

300 South Franklin Street  
Holbrook, MA 02343

Medical/Alzheimer's Emergency Responder Alert Form

INSTRUCTIONS: Complete this form, affix a recent photo, and mail or deliver to the Holbrook Police Department at the above listed address.

Patient Name: \_\_\_\_\_

Lives With: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PLACE PHOTO HERE**

Neighbor or other Local Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Primary Care Physician (PCP): \_\_\_\_\_

PCP Contact Information: \_\_\_\_\_

**Patient Information:**

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_ Glasses? Yes / No

Identifying Scars or Marks: \_\_\_\_\_

Does Patient Attend Care? Yes / No Location: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

Does Patient Wander? Yes / No Location(s): \_\_\_\_\_

Spoken Language: \_\_\_\_\_ Speech or Hearing Problems: \_\_\_\_\_

Habits or Patterns of Behavior: \_\_\_\_\_

Is the Patient Physically or Verbally abusive? Yes / No

Other Pertinent Information: \_\_\_\_\_

**Release Form:**

I, \_\_\_\_\_, give my permission to the Holbrook Police and Fire Departments to retain this information, to be kept confidentially for the purposes of identification and assistance relative to the Elderly Patient described herein and related investigative activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_