



Burlington Police Memory Disorder Alert



A police department registry to assist care givers of persons with memory disorders.

Instructions: Complete form, affix photograph and return to:

Burlington Police Department
45 Center St., Burlington, MA 01803
Telephone 781-270-1916

Officer Lyn Reynolds
lreynolds@bpd.org
Telephone 781-505-4958

Name: _____

AFFIX PHOTO HERE

Date of Birth _____ Weight _____

Eye Color _____ Hair Color _____



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Lives with _____

Relationship to patient _____

Address _____

Home phone _____ Cell Phone _____

Neighbor or other local contact _____

Relationship _____

Address _____

Home phone _____ Cell Phone _____

Does the patient attend a Day Care Program? _____

If so, where _____

Patient's Physician _____ Telephone _____

Identifying scars/marks or tattoos _____

Medications _____



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Additional physical issues or limitations _____

Does the patient wander? _____

If so, in any particular direction/place? _____

Does the patient still drive? _____ Do they have access to a car? _____

License plate _____ Make _____

Model _____ Year _____

Does the patient carry identification? _____

What do they carry? _____

Any Particular Habits? _____

Is patient combative physically or verbally? _____

RELEASE FORM

I, _____, give my permission to the Burlington Police Department to retain this information, to be kept confidentially on file for the purpose of identification and assistance related to the Memory Disorder Alert efforts, and related investigative activities.

Signature: _____

Date: _____