



North Kingstown Police Department

8166 Post Road, North Kingstown Rhode Island 02852

Telephone (401)-294-3311 Fax 294-6830

Alzheimer's / Dementia Alert Application

Instructions: Complete this application, affix a recent photograph, and return to the North Kingstown Police Department.

Case #: _____

Client Name: _____

Client Address: _____

Client Telephone: _____ Client DOB _____

Client Weight: _____ Client Height: _____

Eyes: _____ Hair: _____ Glasses: _____

Identifying Scars/Deformities: _____

Does client operate a motor vehicle?: _____

If yes, registration of vehicle: _____

Client Habits

Does client wander?: Yes _____ No _____

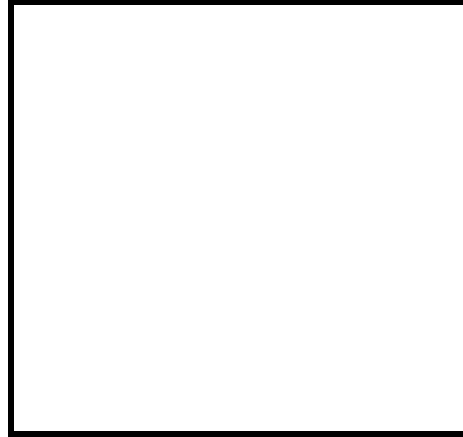
If yes, in any particular direction or place? _____

Can client understand simple directions? Yes _____ No _____

Is client verbally or physically aggressive? Yes _____ No _____

Explain? _____

Affix a recent photograph of client:
(Head and shoulders is best)



Primary Caregiver: _____
Caregiver Address: _____
Caregiver Telephone: _____
Relationship to client: _____

Family contact: _____
Relationship: _____
Address: _____
Telephone: _____

Client Physician: _____
Address: _____
Telephone: _____