

This individual may avoid Responders. English is not the primary language. _____

Londonderry Police Department

Alzheimer's Persons Checklist for Responding Personnel

Keep an updated copy of this information with you to provide in an emergency, and leave a copy with the LPD.

Name of Individual with AD _____

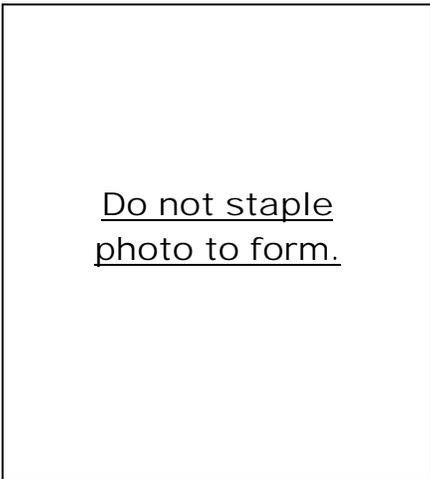
Address _____ **City & State** _____

Date of Birth _____ **Age at Photo** _____

Current Physical Description (photo at right)

Height ____ Weight ____ Hair Color ____ Eye Color _____

Name of Care Provider _____ **Relationship** _____



Call the following phone numbers in the order listed to connect the AD individual with someone they know:

Names (care provider list yourself)

Phone Numbers (home, cell, work)

1. _____
2. _____
3. _____
4. _____
5. _____

Exhibited Behaviors (check all that apply) Aggression Anxiety or Agitation Confusion

Repetition Suspicion Wandering Sleep Disorders

Calming Techniques: _____

Medical Conditions / Issues: _____
