



## 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 by mail or email:

Burlington Police Department  
45 Center St., Burlington, MA 01803  
Telephone 781-270-1212

Detective Lyn Reynolds  
[lreynolds@bpd.org](mailto:lreynolds@bpd.org)  
Telephone 781-505-4958

NAME \_\_\_\_\_

AFFIX PHOTO HERE

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

WHERE THEY GREW UP \_\_\_\_\_



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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: \_\_\_\_\_