



**NORTHBOROUGH POLICE DEPARTMENT**



**DEMENTIA/COGNITIVE ISSUES ALERT**

This is a cooperative effort of the Northborough Police Department and the Northborough Council on Aging to assist caregivers of individual's with dementia or cognitive issues. The data provided is to be used to assist in the investigation of a person who is reported missing.

Return completed form to:

**NORTHBOROUGH POLICE DEPARTMENT  
211 MAIN STREET  
NORTHBOROUGH, MA 01532  
C/O CHRISTOPHER CARLETON**

Or email: ccarleton@town.northborough.ma.us  
Fax: 508-393-1521

Attach recent photo here  
Head and Shoulder  
if possible

**INFORMATION**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Identifying Marks \_\_\_\_\_

Tattoo's, scars, prosthesis \_\_\_\_\_  Right Handed  
 Left Handed

Does the individual attend a day care program?  YES  NO

If yes, where? \_\_\_\_\_

Individual's Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Medications \_\_\_\_\_

Any additional physical problems? \_\_\_\_\_



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Does the individual drive?  YES  NO Have access to a car?  YES  NO

If yes, Plate# \_\_\_\_\_ State \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Does the individual carry identification?  YES  NO If yes, what? \_\_\_\_\_

Does the individual have any particular habits? \_\_\_\_\_

Is the individual physically aggressive?  YES  NO

Other helpful information \_\_\_\_\_

Hobbies and/or favorite locations \_\_\_\_\_

If reported missing before, where have they been found? \_\_\_\_\_

**CAREGIVER INFORMATION**

Individual lives with \_\_\_\_\_

Relationship to individual \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact 2 \_\_\_\_\_

Relationship to individual \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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Contact 3 \_\_\_\_\_

Relationship to individual \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Contact 4 \_\_\_\_\_

Relationship to individual \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**RELEASE FORM**

I, \_\_\_\_\_, give my permission for the Northborough Police Department to retain this information, to be kept confidentially on file for the purposes of identification and assistance relative to DEMENTIA/COGNITIVE ISSUES ALERT efforts and related investigative activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_