



**City of Marlborough
POLICE DEPARTMENT**

355 Bolton St
Marlborough, Ma. 01752
Phone: 508-485-1212
Fax: 508-624-6949



MARK F. LEONARD
Chief of Police



**DEMENTIA / COGNITIVE
ISSUE ALERT FORM**



This is a cooperative effort of the Marlborough Police Department and the Marlborough 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:

**MARLBOROUGH POLICE DEPARTMENT
355 BOLTON STREET
MARLBOROUGH, MA 01752
C/O SGT RICHARD OLDROYD**

Or email: roldroyd@marlborough-ma.gov

Fax: 508-624-6949

Attach recent photo here Head
and Shoulder if possible

INFORMATION

Name: _____ D.O.B.: _____

Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Verbal or Non Verbal: _____ Primary Language: _____

Identifying Marks: _____ Right Handed: _____

Tattoos, scars, prosthesis: _____ Left Handed: _____

Does the Individual Attend a Daycare? Yes: _____ No: _____

If Yes where: _____

Individual's Physician Name: _____ Physician's Ph.: _____

Medications: _____

Any additional physical problems? _____



DEMENTIA / COGNITIVE ISSUES FORM

Does the Individual Drive? Yes: _____ No: _____ Have Access to a Car? Yes: _____ No: _____

If Yes, Reg/Plate Number: _____ State: _____ Model: _____

Make: _____ 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: _____ City/Town: _____ State: _____

Contact 2. Name: _____ Phone: _____

Address: _____ City/Town: _____ State: _____

Contact 3. Name: _____ Phone: _____

Address: _____ City/Town: _____ State: _____

RELEASE FORM

I, _____, give my permission for the Marlborough 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: _____