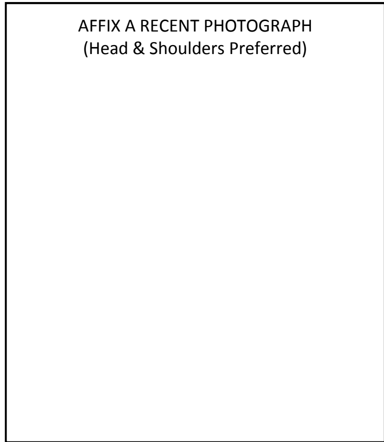
JUSTIN MEYER
CHIEF OF POLICE

SPECIAL NEEDS ALERT PROGRAM

INSTRUCTIONS: *Complete form, affix photograph, and return to the Minooka Police Department.*

PATIENT INFORMATION


AFFIX A RECENT PHOTOGRAPH
(Head & Shoulders Preferred)

Patient's Name:______________________________

Date of Birth:__________ Height: __________ Weight: __________

Eye Color: __________ Hair Color: __________ Glasses: __________

Identifying scars/marks/deformities:______________________

Does patient attend Day Care:______ Where?______________

Patient's Physician:______________ Phone: (_____)__________

Lives with:______________ Relationship to patient:__________

Address:____
Street City State Zip

Telephone #'s:____
Home Work Cell

PATIENT'S HABITS

Does patient wander?__________ If so, in any particular direction/place?______________

____

Does patient carry identification (i.e., I.D. bracelet, wallet)? ______________________

What language(s) does the patient speak?______________________________

Individual habits; speech problem or pattern? ______________________________

Is patient abusive; physically and/or verbally?______________________________

PATIENT'S HABITS

(continued from page 1)

Allergies:____

Medical Conditions: (*Check all that apply*) Cardiac______ Asthma______ Diabetes______ Hypertension______

Seizures______ Stroke______ Alzheimer's______ Dementia______ Autism______ Other__________________________

Medications:____

____

Any other helpful comments:____

____

Neighbor or Other Local Contact:_________________________________ Relationship:______________________

Address:____
Street City State Zip

Telephone #'s:____
Home Work Cell

Other Family Contact:______________________________________Relationship:_________________________

Address:____
Street City State Zip

Telephone #'s:____
Home Work Cell

RELEASE FORM

I,_____________________________________, give my permission to the Minooka Police Department to retain this information, or disclose it to other agencies or individual(s) without my further permission.

____
Signature Date