



**Riverton Borough Police Department**  
**501 Fifth Street, Riverton, NJ 08077 | (856) 829-1212**

**Alzheimer's / Dementia Alert Form**

If you have a loved one with Alzheimer's or Dementia and believe his/her safety may be in question, please complete this form so that the Riverton Police Department can assist in finding and identifying your loved one in the event of such an emergency.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Any other identifying Marks / Information: \_\_\_\_\_

Does this person speak English? YES NO If no, what language does s/he speak? \_\_\_\_\_

Please attach a current photograph (color preferred) of your loved one.  YES picture is attached  NO picture is attached

**Relevant Medical Conditions**

- Non-Verbal Does s/he understand simple directions? YES NO
- Deaf Are s/he verbally aggressive? YES NO
- Blind Are s/he physically aggressive? YES NO
- Diabetic Do s/he use any walking aid? YES NO
- Asthmatic Does s/he wander? YES NO
- Heart Problems
- Seizures
- None

Any Other Essential Information:

If your loved one does wander, please provide details on possible patterns of wandering and/or favorite locations.

Does your loved one currently drive or have access to a vehicle? YES NO

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_

**Primary Caretaker**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_