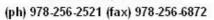


Chelmsford Police Department

2 Olde North Road Chelmsford, MA 01824





Confidential & Voluntary

LAST NAME:			FIRST NAME:	
ADDRESS:				
PHONE #1:				
DATE OF BIRTH:			SOCIAL SECURITY #:	
NICKNAME(S):				
PHYSICAL CHARACTER				
HEIGHT: WE	IGHT:	EYES:	HAIR:	RACE:
IDENTIFYING CHARAC	TERISTICS (TAT	TOOS, BIRTHMAR	KS, JEWLERY, TAGS, AN	ND MEDIC ALERTS):
MEDICAL CONDITIONS	G (CHECK ALL T	HAT APPLY):		
AUTISM	HEARI	NG IMPAIRMENT	NON-VERBAL	SEIZURES
COGNITIVE DISA	BILITY	_DEVELOPMENTA	AL DISABILITY	MENTAL HEALTH ISSUES
VISION IMPAIRM	/IENT	_BRAIN INJURY	PHYSICAL DISA	ABILITY
OTHER (PLEASE	SPECIFY):			
KNOWN DIAGNOSIS: _				
PREVIOUS HOSPITALIZ	ATIONS?	YESNO	0	
IF SO, WHEN	WHERI			

OTHER MEDICAL ISSUES:		
PRESCRIPTION OR OVER THE COUNTER DRUGS BEING USED:		
DIETARY/EATING ISSUES (E.G. HYPERGLYCEMIC, INSULIN DEPENDENT, ALLERGIES)		
IS THERE ALCOHOL OR ILLEGAL DRUG USE? HOW FREQUENTLY?		
ARE THERE TRIGGERS FOR THIS BEHAVIOR?		
ARE THERE GUNS IN THE RESIDENCE? OTHER WEAPONS?		
DOES THE PERSON HAVE ACCESS TO THESE WEAPONS OR OTHER WEAPONS?		
HAS THERE BEEN PAST VIOLENCE EXHIBITED TOWARDS OTHERS OR ANIMALS? IF SO, WHEN AND HOW?		
HAS THE PERSON ATTEMPTED SUICIDE? IF SO, WHEN AND HOW?		
DISTINGUISHING BEHAVIORS AND SIGNS OF DISTRESS (E.G. PARANOIA, HALLUCINATIONS)		
DOES THE PERSON HAVE SENSORY ISSUES? (E.G. LOUD NOISES, LIGHTS, TOUCHING)		
IS THE PERSON LIKELY TO WANDER AWAY? IF SO, WHERE HAVE THEY GONE? WHO MAY THEY VISIT?		

EFFECTIVE APPROACHES AND DE-ESCALATION TECHNIQUES:	
FAVORITE PLACES, ATTRACTIONS, ACTIVITIES, PETS, HOBBIES, TOPICS, SPORTS, FOODS, ETC:	
PREFERRED COMMUNICATION METHODS (E.G. IF NONVERBAL – SIGN LANGUAGE, PICTURES, PRINWORDS – OR PREFERRED LANGUAGE):	NTED
· 	

GREATEST CONCERNS YOU HAVE AS A CARETAKER:				
· 				
PROFESSIONALS WORKING W	/ITH THE PERSON:			
NAME:	SPECIALTY:			
ADDRESS:				
PHONE #:				
NAME:	SPECIALTY:			
ADDRESS:	SI LGIALIT.			
PHONE #:				
NAME:	SPECIALTY:			
ADDRESS:				
PHONE #:				

NAME:	SPECIALTY:	_
ADDRESS:		
PHONE #:		
EMERGENCY CONTACTS		
NAME:	RELATIONSHIP:	
ADDRESS:		
PHONE #1:		
NAME:	RELATIONSHIP:	
ADDRESS:		
PHONE #1:	PHONE #2:	
NAME:	RELATIONSHIP:	
ADDRESS:		
PHONE #1:		
NAME:	RELATIONSHIP:	
ADDRESS:		
PHONE #1:	PHONE #2:	

COMPLETED BY:				
OFFICER	DATE:			
NAME OF CARETAKER COMPLETING FORM:				

IF YOU HAVE A RECENT PHOTOGRAPH, PLEASE BRING IT TO THE POLICE STATION WHEN YOU FILE THIS FORM.