

## MEDICAL AWARENESS LIST FOR FIRST RESPONDERS

Individual's Name \_\_\_\_\_

Current Address \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Does the individual live alone? \_\_\_\_\_

Does this individual have any sensory issues? \_\_\_\_\_ Touch: Yes / No Sound: Yes / No

Scars or other identify marks? \_\_\_\_\_

Known to be violent? \_\_\_\_\_ If yes, how are they violent? \_\_\_\_\_

Fear of dogs? \_\_\_\_\_ Other fears or dislikes? \_\_\_\_\_

\_\_\_ Dementia \_\_\_ Autism \_\_\_ Mental Illness \_\_\_ Other \_\_\_\_\_

### Additional Medical Conditions (check all that apply)

\_\_\_ No Sense of Danger \_\_\_ Blind \_\_\_ Deaf/Hard of Hearing \_\_\_ Mental Retardation \_\_\_ Non-Verbal

\_\_\_ Attracted to Water \_\_\_ Prone to Seizures \_\_\_ Cognitive Impairment \_\_\_ Other

If Other, please explain: \_\_\_\_\_

Prescription Medications needed \_\_\_\_\_

Have they wandered before? \_\_\_\_\_ If yes, where were they found? \_\_\_\_\_

### Emergency Contact

Name of Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Point of Contact (other than emergency)

Name: \_\_\_\_\_

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

Phone Number(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

