



Silver Spring Police Alzheimer/Dementia Registry



(PHOTO)	Name:		Date of Birth/Age:	Primary language spoken:					
	Cell phone # and cell phone carrier:								
	Address:		City/State/Zip:						
	Emergency Contacts: (Name, Address and Phone #)								
Date Photo Taken:									
Sex:	Race:	Skin Tone:	Height:	Weight:	Eye color:	Hair color:	Hair Style:	Scars/Marks/Tattoos:	
Driver's License Number:					Driver's License State:		Social Security Number:		
Vehicles (List all):									
Make/Model:			Year:			Color:		License Plate #:	
Make/Model:			Year:			Color:		License Plate #:	
Medical Concerns (To be released if relevant/necessary): Medical History, Medications, Allergies, Primary Care Physician, Preferred Hospital – attach additional pages, if necessary									
Locations patient may frequent:									

****Note: All information in RED will be released to the media if a disappearance should occur, as this information may help ensure a safe return****