



# Chelmsford Police Department

2 Olde North Road  
Chelmsford, MA 01824  
(ph) 978-256-2521 (fax) 978-256-6872



## Confidential & Voluntary

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

NICKNAME(S): \_\_\_\_\_

### PHYSICAL CHARACTERISTICS

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ RACE: \_\_\_\_\_

IDENTIFYING CHARACTERISTICS (TATTOOS, BIRTHMARKS, JEWELRY, TAGS, AND MEDIC ALERTS):

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL CONDITIONS (CHECK ALL THAT APPLY):

\_\_\_\_ AUTISM      \_\_\_\_ HEARING IMPAIRMENT      \_\_\_\_ NON-VERBAL      \_\_\_\_ SEIZURES

\_\_\_\_ COGNITIVE DISABILITY      \_\_\_\_ DEVELOPMENTAL DISABILITY      \_\_\_\_ MENTAL HEALTH ISSUES

\_\_\_\_ VISION IMPAIRMENT      \_\_\_\_ BRAIN INJURY      \_\_\_\_ PHYSICAL DISABILITY

\_\_\_\_ OTHER (PLEASE SPECIFY): \_\_\_\_\_

KNOWN DIAGNOSIS: \_\_\_\_\_

PREVIOUS HOSPITALIZATIONS?      \_\_\_\_ YES      \_\_\_\_ NO

IF SO, WHEN \_\_\_\_\_ WHERE \_\_\_\_\_

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, PRINTED WORDS – OR PREFERRED LANGUAGE):

---

---

---

---

---

---

---

---

---

---

GREATEST CONCERNS YOU HAVE AS A CARETAKER:

---

---

---

---

---

---

---

---

---

---

**PROFESSIONALS WORKING WITH THE PERSON:**

NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

ADDRESS:

---

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

ADDRESS:

---

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

ADDRESS:

---

PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE #: \_\_\_\_\_

**EMERGENCY CONTACTS**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE #1: \_\_\_\_\_

PHONE #2: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE #1: \_\_\_\_\_

PHONE #2: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_

PHONE #1: \_\_\_\_\_

PHONE #2: \_\_\_\_\_

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.