



# TOWN OF HAMILTON MASSACHUSETTS POLICE DEPARTMENT



1793 • 1993  
Russell M. Stevens  
Chief of Police

## Silver Alert Pre-Registration Form

Phone: (978) 468-1212  
Fax: (978) 468-1313

Report Number: \_\_\_\_\_

Patient's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

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

Former Address: \_\_\_\_\_ Dates Resided @ Address: \_\_\_\_\_

Other address' if applicable: \_\_\_\_\_

Does resident live alone?: Yes No Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Emergency Contact # 1** Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Best contact number: \_\_\_\_\_

**Emergency Contact # 2** Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Best contact number: \_\_\_\_\_

Primary Care Physician name and telephone number \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Hair Style: \_\_\_\_\_ Facial Hair: \_\_\_\_\_

Other Significant identifying marks (scars, tattoos, etc.): \_\_\_\_\_

CONDITION	MEDICATION	DOSAGE	PHARMACY	TREATING PHYSICIAN

Cognitive Impairment

Non-Verbal

Deaf

Blind

Diabetic

Does he/she currently drive (or have access to vehicle)? Yes No If yes is checked, please complete next line.

Year & Make of Vehicle: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_ Registration Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Places of Employment & Dates:

Favorite attractions or locations:

Atypical Behaviors/characteristics that may catch the attention of responders:

Method of preferred communication, verbal or non-verbal:

Any other identifying information (jewelry, tags, ID card, medical alert bracelet, etc.):

Verbal authorization by caregiver \_\_\_\_\_, on \_\_\_\_\_ I authorize the release of information for the purpose of pre-registering \_\_\_\_\_ to the Silver Alert database and acknowledge they will keep this information in the Massachusetts database