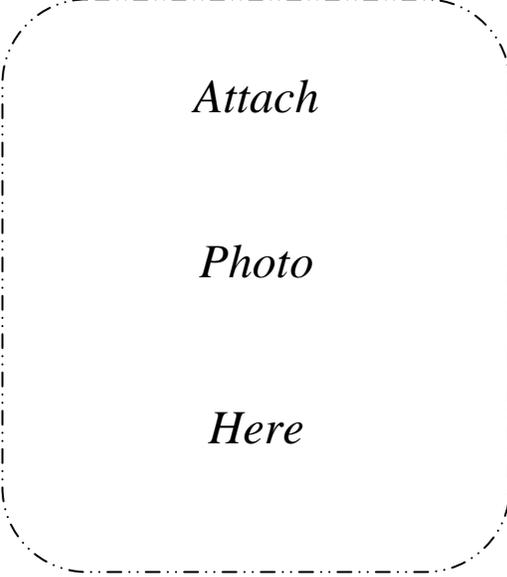




**Springdale Police Department
Mental Health/Medical/Special Information
For First Responder**

This form should be updated annually

Use Back of Form if Needed



Name: _____

Nickname(s)/Preferred Name: _____

Date of Birth: / / Sex: M F Height: _____ Weight: _____

Identifying Features/Marks/Tattoos: _____

ID worn (bracelet, name tag, tracker): _____

Medical Condition(s): _____

Current Prescription Medication: _____

Normally takes medication as directed? Yes No

Medication or Food Allergies: _____

Communication: Verbal Non-Verbal Explain: _____

Cognitive Ability/IQ: High Average Low

Sensory Issues: Touch Noise Other: _____

Fears or Triggers that may upset individual: _____

Calming methods (favorite topics/interests, music, etc.): _____

Does the individual wander? Yes No

Places of Interest they may wander: _____

Caregiver Contact Information

Circle One: Parent Guardian Friend Family Member Third Party Caregiver

Name: _____

Cell Phone: _____ Text? Yes No Other phone: _____

Address: _____ City/State/Zip: _____

Emergency Contact Information

Relationship to individual: _____

Name: _____

Cell Phone: _____ Text? Yes No Other phone: _____

Address: _____ City/State/Zip: _____

Medical Provider Name: _____ Phone: _____

Medical Provider Name: _____ Phone: _____