

Massachusetts Silver Alert
WANDER PRE-REGISTRATION FORM

Please attach current photo of individual being registered.

RESIDENT INFORMATION

Patient's Last Name:		First:		Preferred name:
Home Address: _____				
Former Address: _____			Dates resided @ address: _____	
Other known address if applicable: _____				
Home Telephone: _____			Does resident live alone: <input type="radio"/> YES <input type="radio"/> NO	
Date of Birth:	Age:	Gender:		
Emergency contact # 1	Relation: _____		Home phone no.:	Cell phone no.:
Primary Caregiver				
Name: _____				
Emergency contact # 2	Relation: _____		Home phone no.:	Cell phone no.:
Name: _____				
Primary Care Physician, Name & Telephone Number: _____				

Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Hair Style: _____ Facial Hair: _____

Other significant identifying marks (scars, tattoos, etc.) _____

Relevant Medical Conditions: 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/Model of Vehicle: _____ Vehicle Color: _____ Vehicle Registration Number: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Places of Employment & Dates: _____

Favorite attractions or locations: _____

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

Individuals favorite objects, music, discussion topics likes or dislikes: _____

Method of preferred communication, verbal or non-verbal (preferred words, sounds songs, phrases they may respond to): _____

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

AUTHORIZATION

Verbal authorization given 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.

A COLLABORATIVE EFFORT OF THE MASSACHUSETTES POLICE DEPARTMENTS & COMMUNITY AGENCIES TO PROTECT RESIDENTS WITH SERIOUS COGNITIVE IMPAIRMENT