

Helpful Information for First Responders

When assisting persons with Dementia

Date Completed: _____ Date of Birth: ____ / ____ / ____

My Name: _____ My Address: _____

Language(s) I speak and understand: _____

Name I prefer to be called: _____ Weapons in the home? ☐ No ☐ Yes: _____ (type)

Name of person completing this form: _____ ()
Name Phone Number

Emergency Contact Information for me: _____ ()
Name Address Phone Number

Emergency Contact Information for me: _____ ()
Name Address Phone Number

Emergency Contact Information for me: _____ ()
Name Address Phone Number

Medical Conditions: _____

Allergies: _____

Pain Areas: _____ Preferred Hospital: _____

**Please attach medication list*

Are there routines that I follow? _____

Is there a more difficult time of day for me? _____

Do I wander? _____

I can be left alone: (please check the appropriate box)

☐ A short while (1-2 hours) ☐ A few minutes ☐ **NOT at all** ☐ Other _____

Someone I trust who I rely on to help me make decisions is: _____
Name Phone #

Things that upset me: _____

I show distress by: _____

I am calmed by: _____

Last updated 3/6/2018

Please remember **TALK** Tactics:

Take it slow

Ask simple questions

Limit reality checks

Keep eye contact

Dementia
Friendly



The best way to communicate with me to help me understand and participate: _____

Sensory Aides Needed: ___Hearing Aids ___Glasses ___Walker ___Cane ___Other:_____

Comfort items to take with me: _____

Anything else important for others to know about me to best help me during a crisis:

Dane County 24-Hour CRISIS Line- (608) 280-2600