



MICHAEL J.
D'ENTREMONT CHIEF
OF POLICE

TOWN OF DEDHAM

COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF POLICE



600 High Street
Dedham, MA 02026
Phone 781-751-9300
Fax 781-751-9330
www.dedhampolice.org

PRENOTIFICATION FOR POTENTIAL WANDERING

Instructions: Complete form, return to the Police Department.

Name of potential wanderer: _____

Lives With: _____

Relationship to Patient: _____

Address: _____

Telephone _____ E-Mail _____

Neighbor or Other Local Contact: _____

Relationship: _____

Address: _____

Telephone: _____ E-Mail _____

Other Family Contact: _____

Relationship: _____

Address: _____

Telephone: _____ E-Mail _____

POTENTIAL WANDERER INFORMATION

Date of Birth: _____ SS# (optional) _____ Height ___' ___" Weight _____

Eye Color _____ Hair Color _____ Glasses? Yes / No / Contacts

Identifying Scars / Deformities _____

Does Patient Attend Day Care? Yes / No Where? _____

The mission of the Dedham Police Department is to protect and serve the citizens of Dedham through collaboration, preventative programs and the judicious enforcement of the laws of the Commonwealth of Massachusetts and the by-laws of the Town of Dedham.



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Patient's Doctor: _____ Telephone # _____

Insurance Company: _____ Number: _____

Any Medication? _____

Diagnosis _____

HABITS

Does Patient Wander? Yes / No If So, In Any Particular Direction Or Place?

What Language Does The Patient Speak? _____

Any Speech or Hearing Problems? _____

Habits or Patterns of Behavior? _____

Is Patient Physically or Verbally Abusive? _____

Any Other Helpful Comments? _____

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RELEASE FORM

I, _____, give my permission to the Dedham Police Department and the Dedham Council of Aging to retain the information, to be kept confidentially on file for the purposes of identification and assistance relative to response efforts associated with missing person reports involving cognitive impairment and related investigative activities.

Signature: _____

Date: _____

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