



Ashland Police Department

137 Main Street

Ashland, Massachusetts 01721

Tel. (508) 881-1212 Fax. (508) 881-0105



David J. Beaudoin
Lieutenant

Craig W. Davis
Chief of Police

Richard M. Briggs
Lieutenant

COGNITIVE CLASSIFICATION REGISTRATION FORM

This is a cooperative effort of the Ashland Police Department and the Ashland Council on Aging to assist family members and/or caregivers of individual's with cognitive impairment.

Return completed form to:

**ASHLAND POLICE DEPARTMENT
137 MAIN STREET
ASHLAND, MA 01721
C/O OFFICER DIMITRI KARPOUZIS**

Or email: dkarpouzis@ashlandpd.org
Fax: 508-881-0105

**Attach recent photo here. Head
and Shoulder if possible.**

INFORMATION

Name: _____ D.O.B.: _____

Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Verbal or Non Verbal: _____ Primary Language: _____

Identifying Marks: _____ Right Handed: _____

Tattoos, scars, prosthesis: _____ Left Handed: _____

Does the Individual Attend a Daycare? Yes: _____ No: _____

If Yes where: _____

Individual's Physician Name: _____ Physician's Ph.: _____

Medications: _____

Any additional physical problems? _____

COGNITIVE CLASSIFICATION REGISTRATION FORM

Does the Individual Drive? Yes: _____ No: _____ Have Access to a Car? Yes: _____ No: _____

If Yes, Reg/Plate Number: _____ State: _____ Model: _____

Make: _____ Year: _____ Color: _____

Does the individual carry identification? Yes: _____ No: _____ If Yes, what? _____

Does the individual have any particular habits? _____

Is the individual physically aggressive? Yes: _____ No: _____

Other Helpful Information: _____

Hobbies and/or favorite locations: _____

If reported missing before, where have they been found? _____

**Last revised date ___/___/___

CAREGIVER INFORMATION

Individual lives with: _____

Relationship to individual: _____ Phone: _____

Address: _____ City/Town: _____ State: _____

Contact 2. Name: _____ Phone: _____

Address: _____ City/Town: _____ State: _____

Contact 3. Name: _____ Phone: _____

Address: _____ City/Town: _____ State: _____

RELEASE FORM

I, _____, give my permission for the Ashland Police Department to retain this information, to be kept confidentially on file for the purposes of identification and assistance relative to COGNITIVE IMPAIRMENT.

Signature: _____ Date: _____