

INFORMATION SHEET

Fill out and mail to:

Société Alzheimer des Maskoutains-Vallée des Patriotes 1970, des Cascades

West Street, Saint-Hyacinthe Quebec J2S 3J5

450 768-6616 | direction@alzheimermvp.com | alzheimermvp.com

IDENTIFICATION OF THE PERSON WITH COGNITIVE LOSS

Last name, first name: Date of birth:

Language(s) spoken: Health insurance card no.:

Person's current address

Street: City and postal code:

Residence name (if applicable):

PHYSICAL DESCRIPTION AND STATE OF HEALTH

Sex: female male Height: Weight:

Eye colour: Hair colour: Hair (details):

The person wears glasses yes no

Dental records available: yes no

Dentist's name: Tel no.:

The person has difficulty hearing: yes no

If so, does the person wear a hearing aid? yes no

Vital medication:

For which illness(es):

COGNITIVE AND PHYSICAL CAPABILITIES

	Normale	Affected	Highly impaired	Specify as needed
Language				
Spatial orientation				
Mobility				
Memory				

Has the person ever been reported missing? yes no

If so, where was the person found?

If not, indicate the person's favourite places (past and present):

Former places of residence that reported the person missing:

Former job or workplace: Former pastimes or passions:

CONTACT PERSONS

First contact person - last name, first name: Relationship to the person:

Address:

Home phone: Cell: Email:

Second contact person - last name, first name: Relationship to the person:

Address:

Home phone: Cell: Email:

I authorize the Société Alzheimer des Maskoutains-Vallée des Patriotes to transmit this information sheet to the Régie intermunicipale de police Richelieu Saint-Laurent and my local Alzheimer Society. The Régie intermunicipale de police will only use this information if the person is reported missing.

If the registered person still has a valid licence, I authorize the police service to send a request for a driving aptitude check to the SAAQ.

I have attached a recent photo of the person.

I authorize the family advisor at my local Alzheimer Society to contact me.

I want to receive emails about the activities organized by my local Alzheimer Society.

Does the person have a legal representative? yes no

If so, indicate the representative's name:

Last name, first name (please print): Tel: Email:

Signature: Sign on (date):



RÉGIE
INTERMUNICIPALE
DE POLICE RICHELIEU
SAINT-LAURENT

*La mémoire
du cœur*
Société Alzheimer
des Maskoutains-Vallée des Patriotes

Famille
Québec