

PATIENT'S HABITS

Does patient wander? _____ If so, in any particular direction/place? _____

Does patient carry identification (i.e., I.D. bracelet, wallet)? _____

What language(s) does the patient speak? _____

Individual habits/speech problem or pattern? _____

Is patient abusive – physically and/or verbally? _____

Any other helpful comments: _____

RELEASE FORM

I, _____, give my permission to the Fitchburg Police Department to retain this information, to be kept in strict confidence and to be disclosed to NO other agency or individual(s) without my further permission.

(Signature)

(Date)