

Helpful Information for First Responders
When assisting persons with Dementia

Please remember TALK Tactics:
Take it slow
Ask simple questions
Limit reality checks
Keep eye contact



La Crosse Mobile Crisis 784-4357 (HELP)

My Name: _____

Date of Birth: ____ / ____ / ____

I prefer to be called _____

I CANNOT BE LEFT ALONE

My Primary Care Partner is: _____
Name Phone # Relationship

Alternate Emergency Contacts *(Name, Address, Best Contact #, Relationship)*

1. _____

2. _____

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

Things *that upset me and how I show distress:* _____

I may be *calmed* by: _____

Anything else I want you to know to best help me during a crisis:_____

<p>Medical Conditions: _____</p> <p>_____</p> <p>Allergies: _____</p> <p>_____</p> <p>Pain Areas: _____ Preferred Hospital: _____</p> <p><i>*Please attach medication list</i></p>
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Date This Information was Completed/Updated: _____

For support filling out this document please contact the dementia care specialist at 608-785-5700

Revised 11/2023KF

24 HOUR PLAN IF CAREGIVER IS UNAVAILABLE

24 Hour CRISIS: 608-784-4357 (HELP)

Main: 608-785-5700

