

Helpful Information for First Responders

When assisting persons with Dementia

Date Completed: _____

My Name: _____

I prefer to be called _____

Name of person completing this form: _____ ()
Name Phone Number

Alternate Emergency Contact Information (name/address/best contact number/relationship)

1. _____

2. _____

I can be left alone: (please check the appropriate box)

A short while (1-2 hours) A few minutes **NOT at all** Other _____

Is there a more difficult time of day for me? _____

Someone I trust who *I rely on to help me make decisions* is: _____
Name Phone #

Things *that upset me*: _____

I *show distress* by: _____

I am *calmed* by: _____

The best way *to communicate with me to help me understand and participate*: _____


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

Comfort items to take with me: _____

Anything else I want you to know to best help me during a crisis (continue on back if necessary): _____

<p>Medical Conditions: _____ _____</p> <p>Allergies: _____</p> <p>Pain Areas: _____ Preferred Hospital: _____</p> <p><i>*Please attach medication list</i></p>

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



Dementia Friendly

Date of Birth: ___ / ___ / ___

La Crosse Mobile Crisis 784-4357 (HELP)

Transportation

Out of Home Services

In Home Services

Home Delivered Meal

24 HOUR PLAN IF CAREGIVER IS UNAVAILABLE

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

Main: 608-785-5700

