

BRUNSWICK POLICE DEPARTMENT
Developmental Disabilities Questionnaire for First Responders
A registry to assist persons at risk

Last name: _____ First name: _____

(Include photo below)

Diagnosis: _____

Personal Description

Date of Birth: _____

Race and sex: _____

Height: _____

Weight: _____

Hair Color: _____

Eye color: _____

Scars or birthmarks: _____

Glasses: _____

Any co-existing diagnosis: _____

Does he or she carry any special identification? _____

If so, how do you phrase the question for identification? _____

Important Address Information

Home: _____

Phone: _____ Email: _____

School: _____

Phone: _____

Emergency Contacts

Primary; name and relationship: _____

Address: _____

Phone: _____ Email: _____

Secondary; name and relationship: _____

Address: _____

Phone: _____ Email: _____

School contact; name and relationship: _____

Address: _____

Phone: _____ Email: _____

Medical

Medical Concerns: _____

Current medications: _____

Primary Doctor: _____ **Phone:** _____

Allergies, including allergies to medications: _____

Does he or she have seizures? _____

Is he or she verbal or nonverbal? _____

If nonverbal what does he or she use to communicate with others (sign language, picture symbols, etc)? _____

Is he or she sensitive to noise, touch, or light? _____

If sensitive how may he or she react to noise, touch, or light?

Eye contact: (circle) Good Fair Poor

Does he or she engage in self-stimulation behavior? If so what self-stimulation behavior do they engage in?

Does he or she run away?

Where might he or she run to?

Is he or she attracted to water?

Can he or she swim? (Circle) Poor Fair Good

Is he or she attracted to confined spaces?

If so what spaces may they be attracted to?

Are there any alcohol or drug issues?

Prior arrests or interactions with police or emergency personnel?

Is there a history of physical aggression towards themselves or others?

Explain:

Are there any weapons in the home?

If yes, are the weapons secured?

Does he or she have any specific fears? If so what are they?

Please list any triggers which may upset him or her:

Does he or she perseverate on any particular object or theme? If so what are they?

What are his or her favorite topics of conversation?

Any other pertinent information:

Release

I, _____ give permission to the town of :

_____ to retain and distribute this information and photograph(s) I have provided to law enforcement and emergency personnel for the sole purpose of identification and assistance to the person at risk.

Print name:

Signature:

Date:

For more information contact Officer Whitney Burns, Brunswick Police Department at (207)721-4323 or by email – wburns@brunswickpd.org