

Last updated: _____

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: _____

School: _____

Phone: _____

Emergency Contacts

At home, name and relationship: _____

Address: _____

Phone: _____

At school, name and relationship: _____

Address: _____

Phone: _____

Other contact, name and relationship: _____

Address: _____

Phone: _____

Medical

Medical Concerns: _____

Current medications: _____

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: 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? _____

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, family members, school staff or emergency personnel? _____

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 Detective Rich Cutliffe, Brunswick Police Department at (207)725-6623 x-163 or by email – rcutliffe@brunswickpd.org