

**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? \_\_\_\_\_

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Please list any triggers which may upset him or her:

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

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What are his or her favorite topics of conversation?

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Any other pertinent information:

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**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](mailto:wburns@brunswickpd.org)*