

MEDICAL/MENTAL HEALTH-PREMISE NOTE

NAME:

DATE FORM COMPLETED:

ADDRESS:

DATE OF BIRTH:

MALE

FEMALE

PHYSICAL DESCRIPTORS:

SCARS/MARKS/TATOOS:

Contact Names:

DATE OF BIRTH

E-MAIL:

PHONE:

RELATIONSHIP:

SENSORY ISSUE AND/OR MEDICAL CONDITION(S):

- AUTISM SPECTRUM
- DEVELOPMENTAL DISABILITY
- PHYSICAL DISABILITY
- NON-VERBAL
- DEAF
- BLIND
- ALZHEIMER'S DISEASE
- PRONE TO SEIZURES
- DEMENTIA
- MENTAL HEALTH CHALLENGES
- ACQUIRED BRAIN INJURY
- OTHER

CALMING TECHNIQUES:

RECENT PICTURE

FURTHER INFORMATION FIRST RESPONDERS MAY NEED TO KNOW:

[MAY RUN FROM FIRST RESPONDERS: YES OR NO

[Key box location:

[code: