

FIRST RESPONDERS TOOL



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

HELPFUL INFORMATION FOR FIRST RESPONDERS WHEN ASSISTING PERSON WITH DEMENTIA

PERSONAL INFORMATION FOR PERSON WITH DEMENTIA		Date of Birth	
Name		Name preferred	
Language(s) spoken and understood			
My Address			

ARE THERE WEAPONS IN THE HOME? YES NO IF YES, PLEASE LIST WEAPONS BELOW

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EMERGENCY CONTACTS		
Name	Address	Phone Number

SOMEONE TRUSTED WHO PERSON WITH DEMENTIA RELIES ON TO MAKE DECISIONS			
Name		Phone Number	

MEDICAL INFORMATION	
Medical Conditions	
Allergies	
Pain Areas	
Preferred Hospital	
IMPORTANT: Please attach medication list and dosage instructions.	

Regular Routines			
Difficult time of day for me			
Do I wander?			
How long can I be alone?		Other	

SENSORY AIDS NEEDED			
Hearing Aids	Glasses	Walker	Cane
Other sensory aids			

Things that upset me	
How I show distress	
How I am calmed	
Best way to communicate with me to help me understand and participate	

Comfort items to take along with me	
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Other important things for other to know about me to best help me during a crisis

Date Completed		Completed by	
Relationship		Phone Number	