

**Direction on filling out this form**

**Elopement Risk Identification / Intervention Program**

- Fill out the form.
- Attach a recent photo
- Make sure there is cell and home numbers of responsible parties
- Mail or hand deliver to:

**Andover Police Department**

**Attn: Dispatch Supervisor C. Jessico**

**32 N Main St**

**Andover, MA 01810**



## Elopement Risk Identification / Intervention Program

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Physical Characteristics

Sex: M F Height: \_\_\_\_\_ Color Eyes: \_\_\_\_\_ Language: \_\_\_\_\_

Race: \_\_\_\_\_ Weight: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Complexion: Fair Medium Dark

*Circle Characteristics that apply*

Glasses Contacts Hearing Aid Wig Beard Mustache Bald Cane

Other: \_\_\_\_\_

*Describe and Note Location*

Moles: \_\_\_\_\_ Tattoos: \_\_\_\_\_

Scars: \_\_\_\_\_ Birth Marks: \_\_\_\_\_

Current Photograph provided? Yes No *(original photo, passport size or larger)*

Known Medical Conditions: \_\_\_\_\_

Critical Medications: \_\_\_\_\_

### Emergency Contact Information

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship (to Patient): \_\_\_\_\_