



A PIECE OF THE PUZZLE REGISTRY



PLEASE COMPLETE THIS FORM WITH ALL INFORMATION REGARDING THE PERSON YOU WISH TO REGISTER:

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

STREET ADDRESS: _____

HOME PHONE: _____

EMPLOYER/SCHOOL: _____

SEX: MALE

FEMALE

GENDER EXPRESSION: MALE

FEMALE

OTHER: _____

DATE OF BIRTH: _____

EYE COLOR:

HAIR COLOR:

HEIGHT: _____

WEIGHT: _____

RACE: _____

TYPE OF DISABILITY:

GLASSES: YES NO

SCARS/MARKS/TATTOOS (DESCRIPTION & LOCATION ON THE BODY):

PRIMARY PARENT(S)/GUARDIAN CONTACT:

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF OTHER FAMILY MEMBERS OR CAREGIVERS:

1. _____

PHONE NUMBER: _____

2. _____

PHONE NUMBER: _____

VERBAL NON-VERBAL (PLEASE EXPLAIN BELOW)

METHOD OF COMMUNICATION (PLEASE EXPLAIN BELOW):

DOES THE REGISTERED PERSON FEAR POLICE/FIRE/OR EMS PERSONNEL? YES NO

AWARE OF DANGER? YES NO

BEST METHOD OF APPROACH (PLEASE INCLUDE APPROACH AND DE-ESCALATION TECHNIQUES):

PRIMARY CARE PHYSICIAN: _____

ADDRESS: _____ PHONE NUMBER: _____

ALLERGIES: YES NO

SPECIALIST: _____

ADDRESS: _____ PHONE NUMBER: _____

IN THE EVENT OF EMERGENCY WHICH HOSPITAL DO YOU PREFER? :

LIFE THREATENING OR OTHER SERIOUS MEDICAL CONCERNS? :

FAVORITE ATTRACTIONS/LOCATIONS WHERE REGISTERED PERSON MAY BE FOUND?

DOES REGISTERED PERSON HAVE TENDENCY TO RUN AWAY OR BEEN REPORTED MISSING BEFORE? :

YES NO (IF YES PLEASE EXPLAIN)

HOW DOES THE REGISTERED PERSON REACT WHEN THEY ARE UPSET/SCARED? :

The information that you have provided to the Hudson Police Department is voluntary and can be rescinded at any time. It will remain confidential and only used in the event that is needed to assist the listed participant. It is the responsibility of the primary caregiver to update the information annually at the Hudson Police Department. Thank you!

For Hudson Police Use Only:

Report #: _____

Date entered into IMC: _____

By: _____

Expiration date: _____