**Helpful Information for First Responders**

*Please remember* ***TALK*** *Tactics****:***

***T****ake it slow*

***A****sk simple questions*

***L****imit reality checks*

***K****eep eye contact*

***When assisting persons with Dementia***

 **La Crosse Mobile Crisis 784-4357 (HELP)**

My Name: \_\_\_\_\_\_\_\_\_\_ Date of Birth: / /

**I prefer to be called** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I CANNOT BE LEFT ALONE**

**My Primary Care Partner is:**

 Name Phone # Relationship

**Alternate Emergency Contacts** *(Name, Address, Best Contact #, Relationship)*

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sensory Aides Needed: Hearing Aids Glasses Walker Cane Other:

Things *that upset me and how I show distress*:

I may be *calmed* by:

Anything else I want you to know to best help me during a crisis:

**Medical Conditions**:

**Allergies**:

**Pain Areas**: Preferred Hospital: *\*Please attach medication list*



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**24 HOUR PLAN IF CAREGIVER IS UNAVAILABLE**

**Main: 608-785-5700**

**24 Hour CRISIS: 608-784-4357 (HELP)**