995 Worthington Street, Springfield, MA 01109
Telephone (413) 734-5376 FAX (413) 737-7949

Mental Health Association / Emergency Fact Sheet

<table>
<tr><td>Name: Phone:</td><td rowspan="6"></td></tr>
<tr><td>Address:</td></tr>
<tr><td>Prior Address:</td></tr>
<tr><td>Sex: Race: D.O.B. Height: Build: Weight: Hair: Eyes:</td></tr>
<tr><td>Soc. Sec. #: DMH : DMR [X]</td></tr>
<tr><td>Emergency medical Information: MR,

Allergies:</td></tr>
<tr><td>Family Name: Phone:
Address:</td><td rowspan="2">Insurance Information:
Medicaid #:
Medicare #:
MassHealth #:</td></tr>
<tr><td>Legally Competent: Yes [ ] No [X] If no, see below</td></tr>
<tr><td>Guardian Name:
Phone:
Address:</td><td rowspan="2">Physician Name:
Address:

Phone:
Fax:</td></tr>
<tr><td>Psychiatrist Name: Phone:

Address:
Fax:</td></tr>
<tr><td>Language: English Secondary:</td><td>Religion:</td></tr>
<tr><td>Voc/Work Prog : Phone:
Address:
Fax:</td><td>Ability to protect self-w/o assistance: Always accompanied, would need assistance.</td></tr>
<tr><td>Patterns of Movement/ Places Frequented:</td><td>Likely response to search efforts:</td></tr>
<tr><td>Capabilities, Limitations, Preferences: Walks independently</td><td>Distinguishing Marks:</td></tr>
<tr><td>Significant Behavior Characteristics:</td><td rowspan="2">*Probable Dress:</td></tr>
<tr><td>*Where Individual was last seen:

*Date / / Time:</td></tr>
<tr><td>MHA Contact Persons:
Program Director:
Program Supervisor: 734-5376 Ext.</td><td>DMH/DMR Area: Springfield, MA
Phone: 784-1339,
Service Coordinator:</td></tr>
<tr><td>Record Location: Springfield, MA</td><td>Prior Area: N/A</td></tr>
</table>

To be filled out only when person is missing.

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Phone:

Dentist:
Name:
Address:

Optometrist:
Name:
Address:
Phone: (413)
Reason for seeing:

Gynecologist:
Name:
Address:
Phone:
Reason for seeing:

Therapist:
Name:
Address:
Phone:
Reason for seeing:

Psychiatric Diagnosis:
Axis I:

Current Medications: