



# Lisbon Police Department

A Community Policing Agency

300 Lisbon Street  
Lisbon, ME 04250

Ryan A. McGee  
Chief of Police

## Developmental / Disabilities Questionnaire for First Responders

*(A registry to assist persons at risk)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

SS# \_\_\_\_\_ Glasses: YES / NO Does the he/she carry identification: YES / NO

Scars/Birthmarks/tattoos: \_\_\_\_\_

Any co-existing diagnosis: \_\_\_\_\_

### **Important Address Information**

Home: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Medical Information:**

Medical Concerns:  
\_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies, including allergies to medications: \_\_\_\_\_

Does he or she have seizures? \_\_\_\_\_

Is he or she verbal or nonverbal? \_\_\_\_\_

If nonverbal what does he or she use to communicate with others (sign language, picture symbols, etc)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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Is he or she sensitive to noise, touch, or light? \_\_\_\_\_

If sensitive how may he/she react to noise, touch, or light? \_\_\_\_\_

Eye contact: (*circle one*) Good Fair Poor

Does he or she engage in self-stimulation behavior? If so what self-stimulation behavior do they engage in? \_\_\_\_\_  
\_\_\_\_\_

Does he or she run away? \_\_\_\_\_

Where might he or she run to? \_\_\_\_\_  
\_\_\_\_\_

Is he or she attracted to water? (If yes what body of water?) \_\_\_\_\_  
\_\_\_\_\_

Can he or she swim? \_\_\_\_\_ (*Circle*) Poor Fair Good

Is he or she attracted to confined spaces? \_\_\_\_\_

If so what spaces may they be attracted to? \_\_\_\_\_  
\_\_\_\_\_

Are there any alcohol or drug issues? \_\_\_\_\_

Prior arrests or interactions with police or emergency personnel? \_\_\_\_\_  
\_\_\_\_\_

Is there any history of physical aggression towards themselves or others? (YES or NO) circle one, If yes please Explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any weapons in the home, if yes where are they located? \_\_\_\_\_  
\_\_\_\_\_

If yes, are the weapons secured and accounted for? \_\_\_\_\_  
\_\_\_\_\_



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Does he or she have any specific fears? If so what are they?

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Please list any triggers which may upset him or her:

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Does he or she perseverate on any particular object or theme? If so what are they?

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Does he or she have a delay in processing information, before responding with answer: YES / NO

What are his or her favorite topics of conversation?

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Any other pertinent information:

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**Emergency Contact:**

**Primary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Work Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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Case Worker Name: \_\_\_\_\_ Company: \_\_\_\_\_

Case worker phone number(s): \_\_\_\_\_

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**\*\*\* Please Attach Photo of subject to the back of this packet \*\*\***

### Release

I, \_\_\_\_\_ give permission to the town of Lisbon to retain and distribute this information and photograph(s) I have provided to law enforcement and emergency personnel for the sole purpose of identification and assistance to the person at risk.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_