

Cassia County Sheriff's Office

Cassia County @ 7 for the Vulnerable Population

Patient Information

Patient's Name

(Last, First Middle)

Nickname

Date of Birth

Address

Street Address

Address Line 2

City

State

Zip Code

Country

Patient's Primary Phone Number

Patient's Cell Phone Number

(xxx)xxx-xxxx

(xxx)xxx-xxxx

Patient Diagnosis

Additional Diagnosis

Medicinal Requirements @ V k \

Additional Medical Information

Height

Weight

Race

Gender

Hair Color

Eye Color

Glasses

Scars/Marks/Tattoos

Valid Driver's License

YES NO

Driver's License State

Driver's License / Identification Card Number

Other Special Information

Living Status

Alone With Spouse With Caregiver Care Facility

Primary Language

Communication Method

(Verbal, Non-Verbal, Hearing Difficulties, Picture/Assisted Communication Devices, Sign Language)

Wandering Tendancies

(Places they like to go, Things they are drawn to, Where have they gone in the past)

Safe Topics for Vulnerable Person #

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Does the vulnerable person fear police, paramedics, or firefighters?

Does the vulnerable person have access to weapons?

Are there any known techniques that successfully deescalate the person?

Does the vulnerable person have any triggers?

Is there anything that helps to calm the vulnerable person?
