

MEDICALERT NEW ENROLLMENT FORM

Please complete one form for the caregiver and one form for the person living with dementia

RETURN THIS FORM TO: Alzheimer's Association, 5015 Campuswood Dr Ste 102 Syracuse, NY 13057 or cny-programs@alz.org

PERSON WEARING THE MEDICAL ID

(All fields required)

FIRST NAME _____

LAST NAME _____

PHONE _____ MOBILE / HOME (CIRCLE ONE)

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

BIRTHDATE (MM/DD/YYYY) _____

GENDER (CHECK ONE)

FEMALE MALE Prefer not to say

Prefer to self-describe: _____

ENROLLEE IS (CHECK ONE):

Person Living With Dementia

*Caregiver for: _____ FULL NAME _____ DATE OF BIRTH _____

**NOTE: If the person you are a caregiver for is enrolled in MedicAlert, your ID will include "Caregiver for" and the member ID of that person.*

EMERGENCY CONTACT

FIRST AND LAST NAME _____

RELATIONSHIP TO ENROLLEE _____

PHONE MOBILE / HOME (CIRCLE ONE) _____ SECONDARY PHONE MOBILE / HOME (CIRCLE ONE) _____

INFORMATION FOR YOUR EMERGENCY HEALTH RECORD

***All fields must be completed**

*MEDICAL CONDITIONS & DEVICES

For example: Alzheimer's, memory impaired, diabetes, insulin pump, pacemaker
If this does not apply, please write "None."

*ALLERGIES

List all known food, drug or other allergies
If this does not apply, please write "None."

*MEDICATIONS

List all medications, including inhalers
If this does not apply, please write "None."

***Please use provided area on second page if additional space is needed for this section, or attach additional documentation*

SELECT YOUR PREFERRED JEWELRY BELOW *SELECT ONE JEWELRY OPTION PER ENROLLMENT FORM

CLASSIC STEEL BRACELET WITH COLOR

Purple (A659)

Sizes available: 4" - 10" in 1/2" increments

Size needed: _____



SPORT SILICONE BRACELET

Violet (A013)

Sizes available: Sm: 5"-6", Med: 6"-7", Lg: 7"-8

Size needed: _____



CLASSIC STEEL NECKLACE WITH CURB CHAIN

Purple (A730)

Comes on a 26" or 30" curb chain

Size needed: _____



LARGE CLASSIC STEEL BRACELET WITH COLOR

Purple (A729)

Sizes available: 4" - 10" in 1/2" increments

Size needed: _____



LACED UP SHOE TAG

Steel/Red (A661)



SIZING INFORMATION

It's important your MedicAlert® emblem fits comfortably around your wrist. To determine your size, snugly wrap a tape measure around your wrist. Note the measurement, then add half an inch. This is the size MedicAlert bracelet you'll need.

IDENTIFYING INFORMATION

HEIGHT (FT.-IN.) _____

WEIGHT (LBS.) _____

EYE COLOR:

Blue Brown Black Green Hazel Other

HAIR COLOR:

Bald Black Blonde Brown Gray Other Red

OTHER IDENTIFYING FEATURES:

Hearing Aid Contacts Beard Mustache Wig Dentures
Glasses Cane Mole* Scar* Tattoo Birthmark*

If you selected a choice with an asterisk, please list its/their location(s) here:

RACE:

American Indian/Native Alaskan Asian or Pacific Islander Black
Hispanic White Other Not Specified

ETHNICITY:

African American Asian Caucasian Chinese
Hispanic Indian Japanese Jewish Korean
Other Portuguese Russian Vietnamese

LANGUAGE/ACCENT:

English (US/Canada) English (UK) Spanish French
Italian Korean Chinese Vietnamese Portuguese
Polish Russian Hindi Arabic

WHAT IS INCLUDED WITH YOUR FREE MEMBERSHIP*

- 24/7 Emergency Response Team
- Emergency Health Profile
- Emergency Contact Notification
- Personalized Jewelry
- 24/ Wandering Support
- Personal Profile for Each Enrollee
- Portrait Photo (selfie) for Emergency Identification
- Printable Health Profile

*ALL MEMBERSHIPS ARE PAID FOR IN FULL THROUGH A GRANT BY THE NEW YORK STATE DEPARTMENT OF HEALTH CAREGIVER SUPPORT INITIATIVE. CAREGIVERS AND THEIR LOVED ONE LIVING WITH DEMENTIA LIVING IN THE THE CENTRAL NEW YORK AREA MAY BOTH BE ENROLLED AND RENEWED AT NO COST ON A YEARLY BASIS IN PERPETUITY DEPENDENT ON AVAILABILITY OF GRANT FUNDING

USE THIS SPACE TO PROVIDE ADDITIONAL NECESSARY INFORMATION

RELEASE - SIGN & DATE BELOW

Important: By accepting membership in MedicAlert Foundation, for yourself as a member or caregiver and/or as caregiver on behalf of the member named above (collectively, "you"), you authorize MedicAlert to release all medical and other confidential information about you in emergencies and to other health care personnel you designate. Read the full consent at www.medicalert.org/consent.

SIGNATURE OF MEMBER OR REPRESENTATIVE

DATE