



Name



Special Needs Profile

FOR FIRST RESPONDERS



Blue
Bridge





Special Needs Profile

for First Responders

Name *

First Name

Last Name

Nickname

Primary Diagnosis

Additional Medical Conditions

Gender

Male

Female

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Hair Color

Height/Weight

Height

Weight

Eye Color

Identifying Features

Most Effective Method of Communication

Likes

To establish communication/de-escalation

Dislikes

To avoid escalation/Loss of trust

Sensory Profile

Favorite Places

Possible destinations if missing (Does not have to be local)

Understanding of Danger (Water)

1 2 3 4 5

No Concept

Understands Danger

Understanding of Danger (Cold)

1 2 3 4 5

No Concept

Understands Danger

Understanding of Danger (Heat)

1 2 3 4 5

No Concept

Understands Danger

Understanding of Danger (Traffic)

1 2 3 4 5

No Concept

Understands Danger

Understanding of Danger (Heights)

1 2 3 4 5

No Concept

Understands Danger

Understanding of Danger (Strangers)

1 2 3 4 5

No Concept

Understands Danger

Understanding of Danger (Fire)

1 2 3 4 5

No Concept

Understands Danger

Trust in Police

1 2 3 4 5

Complete Fear

Complete Trust

Would they know they were "lost" and seek help?

Yes

No

Not Sure

If located, might they think they would be disciplined, "put in jail," etc.?

Yes

No

Not Sure

Emergency Contact's Name

First Name

Last Name

Relationship

Alt. Phone Number

Area Code

Phone Number

Phone Number

Area Code

Phone Number

Medications

