



P-STAR Program Registration Form

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ SSN: _____

Day of Week for Officer to come: M T W Th F Sat Sun Preferred Time: _____

Primary Care Doctor: _____	Phone: _____
Address of Dr.'s Office: _____	

Major Medical Concerns: Cardiac High BP **Prescriptions:** _____
 Diabetes Stroke COPD Seizure _____
 Alzheimer's Bipolar Cognitive Impairment _____
 Blindness Hearing Loss Parkinson's _____
 Other: _____ ***Additional can be written on reverse of form.***

Emergency Contact Information

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Cell Phone: _____

Do they have key to your home: Yes No If no, who or where is a key? _____

I, the above listed participant, do hereby acknowledge that I voluntarily submitted the aforementioned information and agree for the Wilson's Mills Police Department or other Law Enforcement agency to use my information ONLY for emergency purposes.