

|  |
| --- |
| **Adult at risk profile** |

The purpose of this questionnaire is to record pertinent information about the person you care for – this will be used by the police and search teams in the event that the person goes missing. Once completed please keep this questionnaire in a safe place and produce to the police in the event of an emergency. This vital information will help the search teams to gather all the relevant information and begin searching. Recording this information ahead of time and keeping it regularly updated will greatly reduce stress associated with trying to recall detailed information in an emergency situation. If possible, please also attach a clear and recent head and shoulders photograph to this form.

**If the person you care for goes missing, without delay ring 999, complete as best you can the “Missing Now ” section and hand to police when they attend your location.**

|  |
| --- |
| **Background** |

First name

Please attached a recent photo here.

Please find one that is up to date and a good likeness of the person.

|  |
| --- |
|  |

Last /Family Name Maiden Name

|  |  |  |
| --- | --- | --- |
|  |  |  |

Known as / Nickname First Spoken Language

|  |  |  |
| --- | --- | --- |
|  |  |  |

Mobile phone number and service provider (eg EE, Vodafone)

|  |
| --- |
|  |

Do they have a GPS Tracker or Dementia Buddy tag? /if yes give details.

|  |
| --- |
|  |

Current address

|  |  |
| --- | --- |
| Living here since | |
|  | |
| Do they live with someone or live alone?  (if living with someone, who?) |  |
| **Physical Description** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Birth / Age |  | Gender |  | Build |
|  |  |  |  |  |
| Race / Ethnicity / Complexion |  | Height |  | Weight |
|  |  |  |  |  |
| Marks / Scars / Tattoos |  | Hair colour / cut |  | Eye colour / glasses |
|  |  |  |  |  |
| Hairpiece / Wig |  | Other distinctive feature (e.g. facial hair) | | |
|  |  |  | | |

|  |
| --- |
| **Medical History** |

|  |
| --- |
| Medical conditions and date of diagnosis (if known) |
|  |
| Memory – Please give details of memory problems and diagnosis (eg Dementia/Alzheimers) |
|  |

|  |  |  |
| --- | --- | --- |
| Communication difficulties |  | Physical impairments |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vital medication |  | Frequency |  | Symptoms if missed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| GP’s name, address and telephone number | | | | |
|  | | | | |
| Information for searchers (e.g. scared of being touched, things that make me anxious, scared of dogs, etc.) | | | | |
|  | | | | |
| **Life History** (use ‘Additional information’ space at the end if required) | | | | |

|  |  |  |
| --- | --- | --- |
| AllOccupation/Hobbies/Passions/Interests/Volunteer work | | |
|  | | |
| All Favourite place(s) to spend time | | |
|  | | |
| Typical modes of travel (Bus/Train/Car/Mobility Scooter/Bus or Train passetc) | | |
|  | | |
| All Favourite / likely destination(s) / Favourite holiday spots | | |
|  | | |
| All Favourite footpath / track | | |
|  | | |
| Family or friends living nearby | | |
|  | | |
| Any regular / weekly routines?(shops/chemist/bank/GP/friends) | | |
|  | | |
| Question |  | Answer |
| How easily can the person walk? |  |  |
|  | | | |
| If walking, how far can they get before becoming tired? |  |  |
|  | | | |
| Do they use a stick or other walking aid? |  |  |
|  | | | |
| How might they react to being upset or scared? |  |  |
|  | | | |
| Are they able to drive? |  |  |
|  | | | |
| Do they have a car?  Car Registration Number |  |  |
|  | | | |
| Church/Cemetery /Mosque/Synagogue/Temple? |  |  |
|  | | | |
| Houses/friends who they visit? |  |  |
|  |  |  |
| Do they have bank cards or access to money? |  |  |

**Life History** (continued)

|  |  |  |
| --- | --- | --- |
| AllPrevious addresses |  | Approximate dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
|  |  |  |
| All work history name and address*( please use extra pages if necessary)*Approximate dates | | |
|  |  |  |
| School names and addresses*(please use extra pages if necessary)* |  | Approximate dates |
|  |  |  |
| |  | | --- | |  |   If missing previously, where found? | | |
|  | | |
| |  | | --- | |  |   Circumstances: How found / how far / time missing | | |
|  | | |
| |  | | --- | |  |   Additional information | | |
|  | | |

**Carer/Family Information**

|  |  |  |
| --- | --- | --- |
| Your name |  | Relationship to person reported missing |
|  |  |  |
| Address | | |
|  | | |
| Home phone number |  | Mobile phone number |
|  |  |  |
| Alternative contacts (guardian/social worker) | | |
|  | | |

**Missing now**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time last seen |  | Place last seen |  | Medication last taken |
|  |  |  |  |  |
| Clothing | | | | |
|  | | | | |
| Car details/carrying anything/have cash or bank cards | | | | |
|  | | | | |
| Situation/recent discussion/recent notable date/contact with friends or family | | | | |
|  | | | | |
| Any other information | | | | |
|  | | | | |