  

|  |
| --- |
| **Herbert Protocol – Missing Incident Form** |

The purpose of this questionnaire is to record pertinent information about the person you care for – this will be used to assist police / 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. 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.

If possible, please use digital photo for ease of passing to police

|  |
| --- |
|  |

Last Name / Family Name

|  |
| --- |
|  |

Known as / Nickname First Spoken Language

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

Mobile phone number and provider details

|  |
| --- |
|  |

Do they have a Mobile GPS Tracker - if yes give details.

|  |
| --- |
|  |

Current address

|  |
| --- |
| Living here since |
|  |
|  |
|  |

|  |
| --- |
| **Physical Description** |

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

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

|  |  |  |
| --- | --- | --- |
| Dementia category (circle the most appropriate): | | |
| Mild confusion and forgetfulness, short term memory affected | Difficulty distinguishing time, place and person. Some language difficulties | Nearly complete loss of judgement, reasoning and loss of physical control |
| How does dementia affect this person - | | |
|  | | |
| Other Medical conditions | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| Communication difficulties |  | Physical impairments |
| ie can they carry on a conversation? |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vital medication |  | Frequency |  | Symptoms if missed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| GP’s name, address and telephone number | | | | |
|  | | | | |
| **Life History** (use ‘Additional information’ space at the end if required) | | | | |

|  |  |  |
| --- | --- | --- |
| All Occupation/Hobbies/Passions/Interests/Volunteer work | | |
|  | | |
| All Favourite place(s) to spend time | | |
|  | | |
| Typical modes of travel (Bus pass etc.) List Translink Smart pass card number | | |
|  | | |
| All Favourite / likely destination(s) | | |
|  | | |
| All Favourite footpaths / tracks | | |
|  | | |
| Details of family or friends living nearby | | |
|  | | |
| Question |  | Answer |
| Do they know/ respond to their own name? |  |  |
|  | | | |
| Do they know when they are at home? |  |  |
|  | | | |
| How easily can the person walk? |  |  |
|  | | | |
| Do they use a stick or other walking aid? |  |  |
|  | | | |
| How might they react to strangers (police /searchers) approaching them? |  |  |
|  | | | |
| How might they react to being upset or scared? |  |  |
|  | | | |
| Church/Chapel/ Religious building? |  |  |
|  | | | |
| Houses/friends who they visit? |  |  |

**Life History** (continued)

|  |  |  |
| --- | --- | --- |
| All Previous addresses they resided in |  | Approximate dates |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
|  |  |  |
| All work / school name and address*( please use extra pages if necessary)* Approximate dates | | |
|  |  |  |
| |  | | --- | |  |   If missing previously, where found / when? | | |
|  | | |
| |  | | --- | |  |   Circumstances: How found / how far / time missing | | |
|  | | |
| |  | | --- | |  |   Additional information for searchers | | |
| (e.g. scared of being touched, things that make me anxious, scared of dogs, etc.) | | |
|  | | |

**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 |  | What doing when last seen? |
|  |  |  |  |  |
|  | | | | |
| Medication last taken |  | When next required? |  | Consequences of not taking? |
|  |  |  |  |  |
| Car details/carrying anything/have cash or bank cards | | | | |
|  | | | | |
| Situation/recent discussion/recent notable date/contact with friends or family | | | | |
|  | | | | |
| Any other information | | | | |
|  | | | | |