

Please complete Part 1 and keep this questionnaire in a safe place so that it can be quickly and easily located in the event that the person it refers to goes missing. You may want to make several copies, which can be kept by carers, relatives or neighbours. Only complete Part 2 at the time the person you care for goes missing.

PART 1 - To be completed and kept updated in advance of the person going missing

Personal Details

First name(s):

Surname/family name:

Other name/nickname:

Date of birth:

Ethnicity:

Gender:

Build:

Height:

Hair colour/style/length:

Facial hair:

Eye colour:

Glasses/lenses:

First language/accent:

Notable physical features (scars, tattoos, piercings etc):

Please attach a recent photo here.
Preferably a 'head & shoulders' photo
which reflects their current appearance.

Mobility or Communication aides (how far can they walk/walking stick/hearing aid/signing etc:

GPS/Locator Type:

Contact Centre Tel No:

Address (please include postcodes)

Current Address:

Lived here Years/Months:

Landline Tel No:

Previous Addresses:

Mobile Phone

Number:

Service Provider:

Handset Make/Model:

Bill Payer:

Internet

Email Address 1:

Email Address 2:

Email Address 3:

Social Media Accounts (Facebook, Instagram, Twitter etc.)

1. Type/Username/Password:

2. Type/Username/Password:

3. Type/Username/Password:

Money

Credit / Debit Cards – Type, Issued By & Account No

Card 1:

Card 2:

Card 3:

Bank – Name, Branch, Account No & Sort Code

Bank 1:

Bank 2:

Bank 3:

Work

Current Employer Name & Address:

Position:

Previous Employer Name & Address:

Previous Position:

Travel

Do they drive a car:

Make/model/colour/registration no:

Do family, friends or neighbours provide transport for them? If so please give names and vehicle details:

Do they use a bus? If so, where from/to:

Do they use a train? If so, where from/to:

Do they use a taxi? If so, where from/to:

Places of interest or significance

Shops/café/pub/old school/favourite walk/place to visit/cemetery/places of worship/former place of work/childhood home/regular holiday destinations:

Associates – friends & acquaintances who they visit now and in the past

Please provide a list of names, addresses, contact details and their relationship to person:

Habits & Routines

Weekly habits and routines – what regularly happens? Visitors, shopping, attends clubs etc:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Medical Information

What type of dementia do they have/when diagnosed?

Vital Medication – Dosage & Time/frequency taken:

If they don't have their medication, what are the short/long term risks?

Do they have any particular fears or phobias e.g. fear of water/heights etc?

How might they react if upset or scared?

GP's name - Surgery name & address:

Out of hours number:

Hospital name & address (if applicable):

Name & location of pharmacy used:

Next of Kin

Name:

Address:

Landline Tel No:

Mobile Tel No:

Email address:

Missing Before?

If they have gone missing before, when was this and where did they go?

Other Information

Please state any other relevant information:

Part 1 Completed By

Name:

Contact Tel No(s):

Relationship to person:

Date Completed:

PART 2 - To be completed when the person you care for is missing

Last Seen

Time / Date Last Seen:

Circumstances / recent trigger events:

GPS Locator taken?

Mobile phone taken? *

Cash taken / how much?

Bank cards taken? *

Vehicle taken? *

* Details/description of items taken IF different from those stated in Part 1:

Appearance

Shirt/sweater:

Trousers/skirt:

Outerwear e.g. coat, jacket:

Head wear:

Other items e.g. jewellery:

Risk Factors

Suicidal:

Depressed:

Confused:

Alcohol:

Violent:

Other:

Are there any behaviours that may result in conflict or challenges placing the missing person/others at risk?

Medical Information

Have they carried vital medication with them? Please list type of medication, if they have it with them and time/date last taken:

What effect does it have if not taken?

Part 2 Completed By

Name:

Contact Tel No(s):

Relationship to person:

Date/time Part 2 Completed: