

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): *Click to enter text*

Surname/family name: *Click to enter text*

Other name/nickname: *Click to enter text*

Date of birth: *Click to enter text*

Ethnicity: *Click to enter text*

Gender: *Click to enter text*

Build: *Click to enter text*

Height: *Click to enter text*

Hair colour/style/length: *Click to enter text*

Facial hair: *Click to enter text*

Eye colour: *Click to enter text*

Glasses/lenses: *Click to enter text*

First language/accent: *Click to enter text*

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

Click to enter text

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

Click to enter text

GPS/Locator Type: *Click to enter text*

Contact Centre Tel No: *Click to enter text*

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

Address (please include postcodes)

Current Address: *Click to enter text*

Lived here Years/Months: *Click to enter text*

Landline Tel No: *Click to enter text*

Previous Addresses: *Click to enter text*

Mobile Phone

Number: *Click to enter text*

Service Provider: *Click to enter text*

Handset Make/Model: *Click to enter text*

Bill Payer: *Click to enter text*

Internet

Email Address 1: *Click to enter text*

Email Address 2: *Click to enter text*

Email Address 3: *Click to enter text*

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

- 1. Type/Username/Password:** *Click to enter text*
- 2. Type/Username/Password:** *Click to enter text*
- 3. Type/Username/Password:** *Click to enter text*

Money

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

Card 1: *Click to enter text*

Card 2: *Click to enter text*

Card 3: *Click to enter text*

Bank – Name, Branch, Account No & Sort Code

Bank 1: *Click to enter text*

Bank 2: *Click to enter text*

Bank 3: *Click to enter text*

Work

Current Employer Name & Address: *Click to enter text*

Position: *Click to enter text*

Previous Employer Name & Address: *Click to enter text*

Previous Position: *Click to enter text*

Travel

Do they drive a car: *Click to enter text*

Make/model/colour/registration no: *Click to enter text*

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

Do they use a bus? If so, where from/to: *Click to enter text*

Do they use a train? If so, where from/to: *Click to enter text*

Do they use a taxi? If so, where from/to: *Click to enter text*

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:

Click to enter text

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:

Click to enter text

Habits & Routines

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

	Morning	Afternoon	Evening
Monday	<i>Click to enter text</i>	<i>Click to enter text</i>	<i>Click to enter text</i>
Tuesday	<i>Click to enter text</i>	<i>Click to enter text</i>	<i>Click to enter text</i>
Wednesday	<i>Click to enter text</i>	<i>Click to enter text</i>	<i>Click to enter text</i>
Thursday	<i>Click to enter text</i>	<i>Click to enter text</i>	<i>Click to enter text</i>
Friday	<i>Click to enter text</i>	<i>Click to enter text</i>	<i>Click to enter text</i>
Saturday	<i>Click to enter text</i>	<i>Click to enter text</i>	<i>Click to enter text</i>
Sunday	<i>Click to enter text</i>	<i>Click to enter text</i>	<i>Click to enter text</i>

Medical Information

What type of dementia do they have/when diagnosed? *Click to enter text*

Vital Medication – Dosage & Time/frequency taken: *Click to enter text*

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

Click to enter text

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

Click to enter text

How might they react if upset or scared?

Click to enter text

GP's name - Surgery name & address: *Click to enter text*

Out of hours number: *Click to enter text*

Hospital name & address (if applicable): *Click to enter text*

Name & location of pharmacy used: *Click to enter text*

Next of Kin

Name: *Click to enter text*

Address: *Click to enter text*

Landline Tel No: *Click to enter text*

Mobile Tel No: *Click to enter text*

Email address: *Click to enter text*

Missing Before?

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

Click to enter text

Other Information

Please state any other relevant information:

Click to enter text

Part 1 Completed By

Name: *Click to enter text*

Contact Tel No(s): *Click to enter text*

Relationship to person: *Click to enter text*

Date Completed: *Click to enter text*

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

Last Seen

Time / Date Last Seen: *Click to enter text*

Circumstances / recent trigger events:

Click to enter text

GPS Locator taken? *Click to enter text*

Mobile phone taken? * *Click to enter text*

Cash taken / how much? *Click to enter text*

Bank cards taken? * *Click to enter text*

Vehicle taken? * *Click to enter text*

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

Click to enter text

Appearance

Shirt/sweater: *Click to enter text*

Trousers/skirt: *Click to enter text*

Outerwear e.g. coat, jacket: *Click to enter text*

Head wear: *Click to enter text*

Other items e.g. jewellery: *Click to enter text*

Risk Factors

Suicidal: *Click to enter text*

Depressed: *Click to enter text*

Confused: *Click to enter text*

Alcohol: *Click to enter text*

Violent: *Click to enter text*

Other: *Click to enter text*

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

Click to enter text

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:

Click to enter text

What effect does it have if not taken?

Click to enter text

Part 2 Completed By

Name: *Click to enter text*

Contact Tel No(s): *Click to enter text*

Relationship to person: *Click to enter text*

Date/time Part 2 Completed: *Click to enter text*