













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 | | | | | |
| Last /Family Name | Maiden Name | Please attached a recent photo here. Please find one that is up | | | |
| Known as / Nickname | First Spoken Language | to date and a good likeness of the person. | | | |
| Mobile phone number and service provider (eg EE, Vodafone) | | | | | |
| Do they have a GPS Tra | cker or Dementia Buddy tag? /if yes | give details. | | | |
| Current address | | | | | |
| | | Living here since | | | |

Physical Description

| Date of Birth / Age | | Gender | | Build | |
|---|---------------|--|----------|----------------------|--|
| | | | | | |
| Race / Ethnicity / Complexion | | Height Weight | | Weight | |
| | | | | | |
| Marks / Scars / Tattoos | | Hair colour / cu | ut | Eye colour / glasses | |
| | | | | | |
| Hairpiece / Wig | | Other distinctive feature (e.g. facial hair) | | | |
| | | | | | |
| | | | | | |
| Medical History | | | | | |
| Medical filstory | | | | | |
| | | | | | |
| Medical conditions and date | e of diagnos | sis (if known) | | | |
| | | | | | |
| | | | | | |
| Memory – Please give details of | of memory pro | blems and diagnos | is (eg l | Dementia/Alzheimers) | |
| | | | | | |
| | | | | | |
| Communication difficulties | | Physical impairments | | | |
| | | | | | |
| | | | | | |
| Vital medication | Frequer | ncy Symptoms if missed | | mptoms if missed | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| GP's name, address and telephone number | | | | | |
| or a name, address and telephone number | | | | | |
| | | | | | |
| Information for appropria | | | | | |
| 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)

| All Occupation/Hobbies/Passions/Interests/Volunteer work | | | | | | |
|---|--------|--|--|--|--|--|
| | | | | | | |
| All Favourite place(s) to spend time | | | | | | |
| Typical modes of travel (Bus/Train/Car/Mobility Scooter etc) | | | | | | |
| All Favourite / likely destination(s) / Favourite holiday spots | | | | | | |
| All Favourite footpath / track | | | | | | |
| Family or friends living nearby | | | | | | |
| Any regular / weekly routines? | | | | | | |
| Question How easily can the person walk? | Answer | | | | | |
| 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? | | | | | | |
| Church/Mosque/Synagogue/Temple? | | | | | | |
| Houses/friends who they visit? | | | | | | |
| Do they have bank cards or access to money? | | | | | | |

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

| Carer/Family Information | 1 | | |
|---------------------------------|-----------------|---|------------------------|
| Your name | | Relationship to person reported missing | |
| Addross | | | |
| Address | | | |
| Home phone number | | Mobile phone number | |
| Alternative contacts (guardian | /social worker) | | |
| | | | |
| Missing now | | | |
| Missing now | | | |
| Time last seen | Place last seen | | Medication last taken |
| Clothing | | | |
| | | | |
| Car details/carrying anything/h | have cash or b | ank cards | |
| | | | |
| Situation/recent discussion/rec | cent notable da | ate/contact v | with friends or family |
| | | | |
| Any other information | | | |
| | | | |
| | | | |
| | | | |