













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.

First name 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

Physical Description

Date of Birth / Age		Gender		Build		
Race / Ethnicity / Complexion	า	Height		Weight		
Marks / Scars / Tattoos		Hair colour / cu	ut	Eye colour / glasses		
Hairpiece / Wig		Other distinctive feature (e.g. facial hair)				
Transpicce / wig		other distinctive reature (e.g. radial riali)				
Medical History						
medical History						
Medical conditions and date	of diagnosi	s (if known)				
Medical conditions and date of diagnosis (if known)						
Memory – Please give details of	memory prob	olems and diagnos	sis (ea l	Dementia/Alzheimers)		
Memory — Please give details of memory problems and diagnosis (eg Dementia/Alzheimers)						
Communication difficulties	ication difficulties		Physical impairments			
Vital madication	Гтосилого	0) (C) 18	and and if ariand		
Vital medication	Frequen	cy		nptoms 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)

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 neo	
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				
Address						
Home phone number		Mobile phone number				
Alternative contacts (guardian/social worker						
Missing now						
Time last seen	Place last see	en	Medication last taken			
Clothing						
Car details/carrying anything/	have cash or h	ank cards				
car details/earrying arrything/	nave cash of b	ank cards				
Situation/recent discussion/recent notable date/contact with friends or family						
Any other information						