

Herbert Protocol form

People with dementia sometimes get lost and go missing. If you care for someone with dementia you can fill in this form containing information to give to the police if the person goes missing.

This means you don't have to remember the information when you are under stress if someone goes missing. And it saves time, so the police can start the search sooner.

You can fill in this form on your computer or print it out and fill it in by hand. Keep it somewhere safe where you can easily find it if the person goes missing. You could give a copy to friends, family and neighbours. Keep this information up to date whenever something changes. You only need to give the form to the police if the person goes missing.

Details are helpful, but don't worry if you can't answer every question. There is space at the end of the form to tell us more if you run out of space for any of the questions. And you can always add another page to a printout or add something to an email.

The person's basic details

First name(s)

Surname

Other names they go by (for example nicknames or aliases)

Date of birth

Gender

Is their gender the same as at birth?

Nationality

Ethnicity

Husband, wife or partner's first name

Husband, wife or partner's surname

Their contact details

Main home address, or best contact address

Any other addresses they might go to (for example a second home)

Mobile phone number(s)

Email address(es)

Social media account details

Do they have a tracking system, or wear or carry medical alert or ID information? Please give details

Physical description

Height

Build (for example tall, short, athletic, stocky)

Hair colour, length and style

Complexion

Facial hair

Identifying marks

Any distinguishing physical characteristics

Anything else about their physical appearance that would be useful for us to know

Health

Their type and symptoms of dementia

Any other medical conditions like diabetes, asthma, heart problems, including symptoms

What medication do they take?

What happens in the short term if they don't take their medication?

What happens in the long term (over time) if they don't take their medication?

Do they have any problems walking?

Do they use a stick or other walking aid?

Can they move between furniture without help?

How far can they walk before getting tired?

Do you think they might behave in a way that causes conflict or puts them or other people at risk?
If yes, please give details

Any phobias they have (for example fear of water or of heights)

How might they react to being upset or scared?

Any other health information you think is important

Money

How much money do you think they have access to?

Bank name

Bank account number

Bank sort code

Travel and transport

Travel passes they have (and numbers, if you know them)

Nearest local bus stop to where they live

Nearest train station to where they live

Any regular journeys they take by bus or train

Can they drive?

Details of any vehicles (including bicycles) they have access to, including make, model, colour, registration number and anything distinctive about the vehicle

Anyone else who provides transport for them, like friends and neighbours, including details of the vehicles they use

Communication

Is English their first language? If no, what is their level of spoken English?

What other languages do they speak?

Any communication issues we should know about (for example are they Deaf or autistic)?

Please give us any tips for communicating with them (for example calming them down if they are upset)

Jobs and education

Do they currently have a job, or are they currently studying or volunteering? If yes, please tell us what they are currently doing, including job title or role, employer or school

Address of work or school

Phone number and email address

Places of interest

Anywhere they regularly go on holiday

Any important past addresses including childhood addresses or past jobs. If you only know partial addresses or locations, don't worry, please tell us everything you know

Any close family or friends that they could go to. Please give names, addresses and contact details if you can

Church, mosque, synagogue or temple they go to, including address if you know it

Favourite cafes, restaurants or pubs

Shops they regularly visit

Chemists they regularly use

Clinics or hospitals they regularly attend

Any other significant places (for example a favourite walk, an allotment, a sports ground or a cemetery they visit)

Interests

Interests or hobbies, past and present

Favourite indoor activities, for example going to the library or cinema

Favourite outdoor activities (for example bowling, fishing, cricket)

Community groups or weekly events they attend

Routine

Please tell us about their weekly routine or things that they do routinely

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Previous times they went missing

If they have gone missing before, please tell us:

What happened?

Where were they found?

Why were they there?

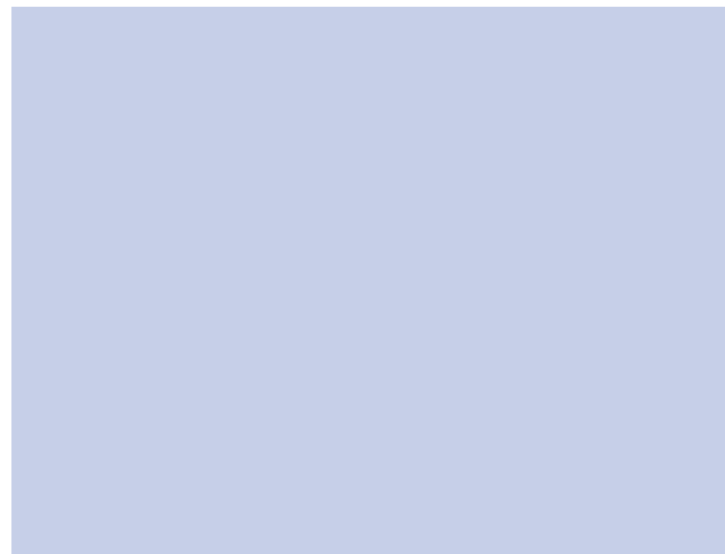
Other people we might need to talk to

GP contact details, including surgery name, address and phone number

Social worker contact details, including address and phone number

Details of any other professionals we should know about (for example dentist or other medical professional, counsellor or therapist)

Anyone else we should be talking to (for example family or close friends, anyone with lasting power of attorney or court-appointed deputies)



Photograph

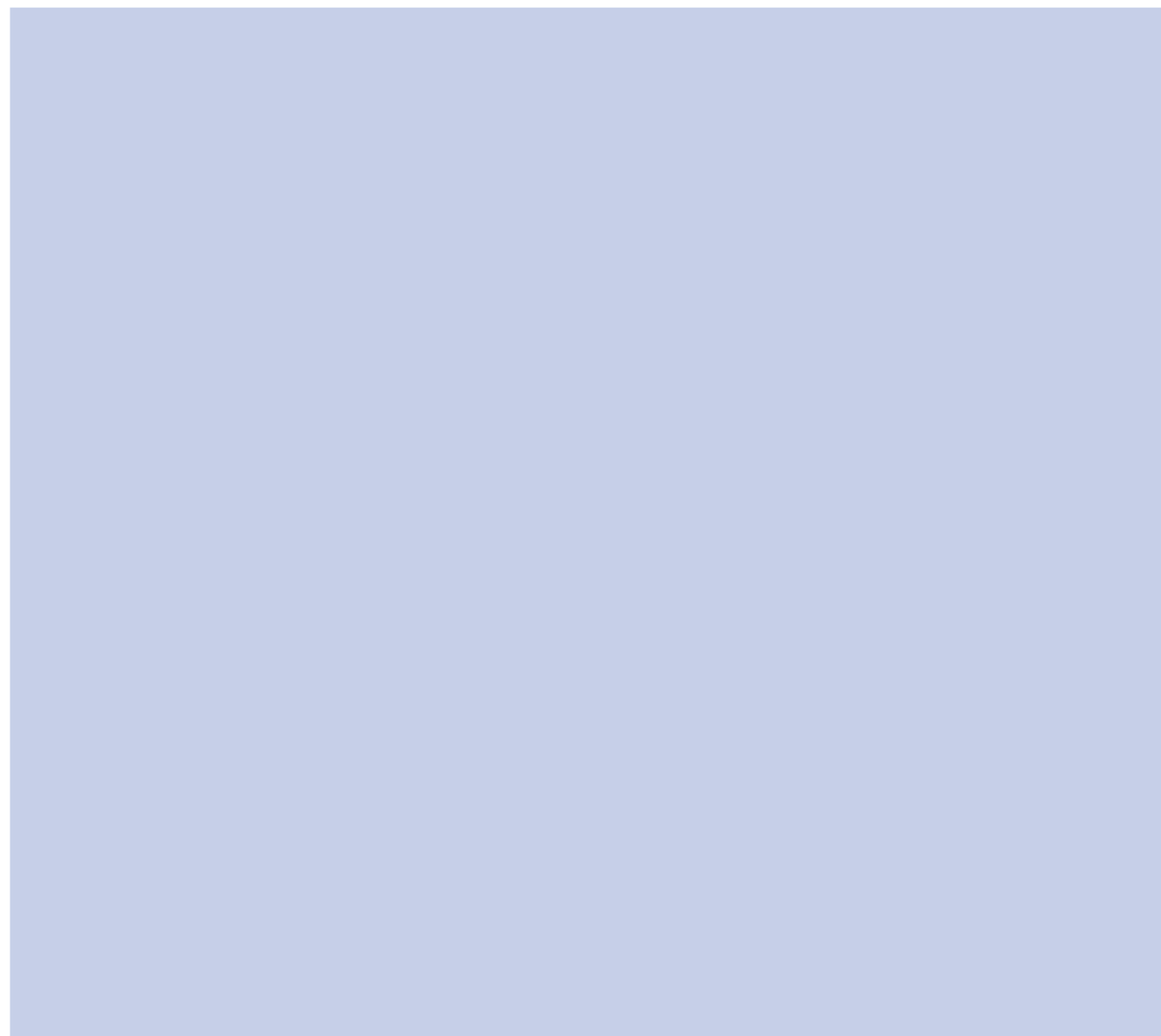
Please attach a recent photo

If you are printing this form out, please attach a recent photograph here

If you are emailing this form, please attach a recent photograph to the email

Further information

If there are any other details we haven't asked about that you think we ought to know about, please tell us here



The person filling out this form

Your first name(s)

Surname

Your relationship to the person this form is about

Phone number

Email address

Address

Any other ways we can contact you

Date this form was last updated