

Herbert Protocol is an information gathering tool. It assists the police to find a person living with dementia who has gone missing, as quickly as possible.

If you are concerned about a person living with dementia and believe they are missing, this is an **emergency** and you **MUST** dial **999**.

This form is designed to be completed by a family member, friend, neighbour or carer. With copies of the form being held by all relevant people. **It is a good idea to fill this form in after finding out dementia has been diagnosed** so you are prepared.

Keep it as up-to-date as possible. If you have answered **Yes** to any of the questions please give details where possible.

Photographs

Ideally provide **facial close up and a full length picture**.

Please **consent** to having this picture put on **social media** in the event of the person going missing.



I agree, photo's can be put on social media, if missing

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Personal Information



Name:

Likes to be known as:



Date of Birth:

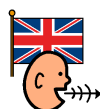
Age:



Address:



Telephone:

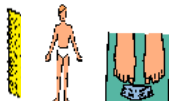


Race / Ethnicity:

Is English their first language?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

General Description



Height , Weight & Build:



Hair Colour:



Wig / Hair piece:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Wears Glasses:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Facial Hair:

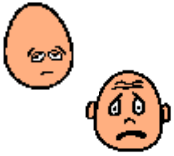
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Medical Information



Has Dementia diagnosis or memory problems:

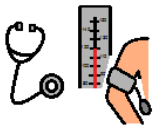
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Any mental health issues?

E.g. Anxiety or Depression

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Other Health issues?

e.g. Diabetes

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**Takes medication?
Please give details:**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Are they at any risk without it?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Any Visual, Hearing, Communication or Speech difficulties?

If yes please give details

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Any mobility issues?

e.g. uses stick/walking aid, has falls, short of breath

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



G.P Contact details



Personal Information



Lives alone?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Lives with others?

If Yes, Who?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Name of Next of Kin/Carer



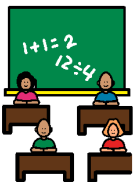
Previous Addresses:

1.

2.

3.

Indicate if address is from childhood?



Name & Places of Schools attended:



Most important/longest held job:



Places of Work & Addresses:

1.

2.

3.

Personal Information

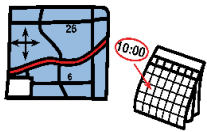


Favourite places to go

- 1.
- 2.
- 3.



Hobbies or Pastimes



Regular routines /Places visited

e.g. Doctors, Chemists, Church, Shops, Pub, Café, Cemetery, Park, Post Office, Visiting friends



Regular or favourite holiday spots



Travel patterns, past and present



Buses:

What route, bus number?

Have they got a bus pass?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Personal Information

Trains



Stations travelled to and from:

Car, Motorbike, Mobility Scooter



Access to a Vehicle?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Vehicle details & registration

Access to Money



Carrying Cash?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Bank Card?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Which bank and branch visited?

Phone



Uses a mobile phone?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Mobile Number

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Network provider if known

Personal Information

Fears....



Fears that may affect them?

How might they react in frightened or worried?

Anything that might relax or calm the person if they are upset or distressed?



Contact Details

Name 	Relationship (Wife, Son, Daughter, Friend, Carer, Support worker)	Contact Telephone Number 

Additional useful information