

**Herbert Protocol** is an information gathering tool to assist 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 with copies of the form being held by all relevant people. It is a good idea to fill this form in after diagnosis 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.

If y

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| **Photographs**Ideally provide facial close up and a full length picture. Please tick if you consent to having this picture put on social media in the event of the person going missing  |
| **Full name of the person:**  |  |
| **Known as/preferred name:**  |  |
| **Current address:** |  |
| **Current telephone number:** |  |
| **Date of Birth:** |  **Age:**  |
| **Race/ethnicity** (please state) Is English still their first language  | Yes/No  |
| **General description** |  |
| Height and weight, build |  |
| Hair Colour  |  |
| Wig/hair piece | Yes/No |
| Wears glasses  | Yes/No  |
| Facial hair | Yes/No |
| **Medical information**  |  |
| Has a dementia diagnosis or has memory problems  | Yes/No  |
| Any mental health issues e.g. anxiety, depression | Yes/No |
| Other health issues e.g. Diabetes etc.  | Yes/No |
| Takes medication – give details Are they at any risk without it? | Yes/NoYes/No |
| Is there a visual, hearing, communication or speech impairment? If yes please specify | Yes/No Details |
| Any mobility issues e.g. uses a stick, falls, breathlessness | Yes/No |
| GP contact details |  |
| **Current address**  |  |
| **Lives alone**  | Yes/No  |
| **Lives with others if yes state who**  | Yes/No Details  |
| **Name of next of kin/carer** |  |
| **Previous addresses**Indicate if childhood |  |
| **1** |  |
| **2** |  |
| **3** |  |
| **Name and place of schools attended** |  |
| **Most significant job**  |  |
| **Places of work and addresses 1** |  |
| **2** |  |
| **3** |  |
| **Favourite places 1**  |  |
|  **2**  |  |
| **3** |  |
| **Hobbies** Bowling, fishing, parks visited etc. |  |
| **Regular patterns/places visited** e.g. Doctors/Chemist/VolunteeringShops/Pub/Café/Church |  |
| **Regular or favourite holiday spots** |  |
| **Travel patterns, past and present**  |  |
| **Buses** What route, bus number? Have they got a bus pass?  | Yes/No  |
| **Trains** Station(s) travelled to and from |  |
| **Car, Motorbike, Mobility Scooter**Access to vehicleVehicle registration  | Yes/No  |
| **Access to money**Carrying cashBank cardWhich bank and branch visited | Yes/No Yes/No  |
| **Phone**Uses a mobile phone Mobile numberNetwork provider if known | Yes/No  |
| **Phobias/Fears** Phobias that may affect them How might they react if frightened/worried?  |  |
| Anything that might relax or calm the person if they are distressed? |  |
| **Contact details of family/friend/carer, support worker** |
| **Name** | **Relationship (wife, son, daughter, friend, carer, support worker)** | **Contact Telephone Number** |
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| **Additional useful information** |

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