

**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.

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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/No  Yes/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/Volunteering  Shops/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 vehicle  Vehicle registration | Yes/No | |
| **Access to money**  Carrying cash  Bank card  Which bank and branch visited | Yes/No  Yes/No | |
| **Phone**  Uses a mobile phone  Mobile number  Network 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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