

**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.

### 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:	

<b>Current telephone number:</b>	
<b>Date of Birth:</b>	<b>Age:</b>
<b>Race/ethnicity</b> (please state) Is English still their first	Yes/No
<b>General description</b>	
Height and weight, build	
Hair Colour	
Wig/hair piece	Yes/No
Wears glasses	Yes/No
Facial hair	Yes/No
<b>Medical information</b>	
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	Yes/No  Yes/No
Is there a visual, hearing, communication or speech impairment? If yes please	Yes/No Details
Any mobility issues e.g. uses a stick, falls, breathlessness	Yes/No
GP contact details	
<b>Current address</b>	
<b>Lives alone</b>	Yes/No
<b>Lives with others if yes state who</b>	Yes/No Details
<b>Name of next of kin/carers</b>	

<b>Previous addresses</b> Indicate if childhood	
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>Name and place of schools attended</b>	
<b>Most significant job</b>	
<b>Places of work and</b>	
<b>2</b>	
<b>3</b>	
<b>Favourite places</b>	
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>Hobbies</b> Bowling, fishing, parks visited etc.	
<b>Regular patterns/places visited</b> e.g. Doctors/Chemist/ Volunteering	
<b>Regular or favourite holiday spots</b>	
<b>Travel patterns, past and present</b>	

<b>Buses</b> What route, bus number? Have they got a bus pass?		Yes/No
<b>Trains</b> Station(s) travelled to and from		
<b>Car, Motorbike, Mobility Scooter</b> Access to vehicle		Yes/No
<b>Access to money</b> Carrying cash Bank card Which bank and branch		Yes/No Yes/No
<b>Phone</b> Uses a mobile phone Mobile number Network provider if known		Yes/No
<b>Phobias/Fears</b> Phobias that may affect them  How might they react if frightened/worried?		
Anything that might relax or calm the person if they are distressed?		
<b>Contact details of family/friend/carers, support worker</b>		
<b>Name</b>	<b>Relationship</b> (wife, son, daughter, friend, carer, support worker)	<b>Contact Telephone Number</b>

<b>Additional useful information</b>		

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