



Adult at risk profile

The purpose of this questionnaire is to record pertinent information about the person you care for – this will be used by the police and search teams in the event that the person goes missing. Once completed please keep this questionnaire in a safe place and produce to the police in the event of an emergency. This vital information will help the search teams to gather all the relevant information and begin searching. Recording this information ahead of time and keeping it regularly updated will greatly reduce stress associated with trying to recall detailed information in an emergency situation. If possible, please also attach a clear and recent head and shoulders photograph to this form.

If the person you care for goes missing, without delay ring 999, complete as best you can the “Missing Now ” section and hand to police when they attend your location.

Background

First Name

Last Name / Family Name

Known as / Nickname

First Spoken Language

Mobile phone number

Do they have a GPS Tracker /if yes give details.

Please attached a recent photo here.

Please find one that is up to date and a good likeness of the person.

Current address

Living here since

Physical Description

Date of Birth / Age

Gender

Build

Race / Ethnicity / Complexion

Height

Weight

Marks / Scars / Tattoos

Hair colour / cut

Eye colour / glasses

Other distinctive feature (e.g. facial hair)

Medical History

Medical conditions

Communication difficulties

Physical impairments

Vital medication

Frequency

Symptoms if missed

GP's name, address and telephone number

Information for searchers (e.g. scared of being touched, things that make me anxious, scared of dogs, etc.)

Life History (use 'Additional information' space at the end if required)

All Occupation/Hobbies/Passions/Interests/Volunteer work

All Favourite place(s) to spend time

Typical modes of travel (Bus pass etc.) List Oyster card/freedom pass number

All Favourite / likely destination(s)

All Favourite footpath / track

Family or friends living nearby

Question

Answer

How easily can the person walk?

If walking, how far can they get before becoming tired?

Do they use a stick or other walking aid?

How might they react to being upset or scared?

Are they able to drive?

Do they have a car?

Church/Mosque/Synagogue/Temple?

Houses/friends who they visit?

Life History (continued)

All Previous addresses

Approximate dates

All work / school name and address *(please use extra pages if necessary)* Approximate dates

If missing previously, where found?

Circumstances: How found / how far / time missing

Additional information

[Empty text area for additional information]

Carer/Family Information

Your name

[Text input field for your name]

Relationship to person reported missing

[Text input field for relationship to person reported missing]

Address

[Text input field for address]

Home phone number

[Text input field for home phone number]

Mobile

phone

number

[Text input field for mobile phone number]

Alternative contacts (guardian/social worker)

[Text input field for alternative contacts]

Missing now

Time last seen

[Text input field for time last seen]

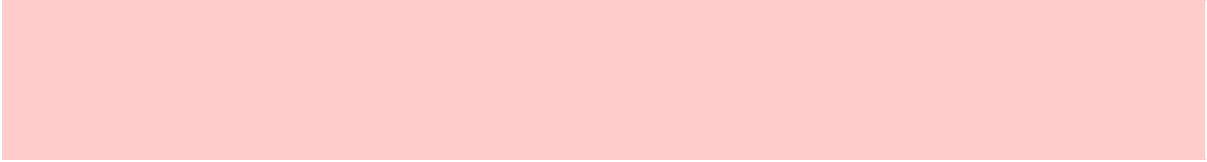
Place last seen

[Text input field for place last seen]

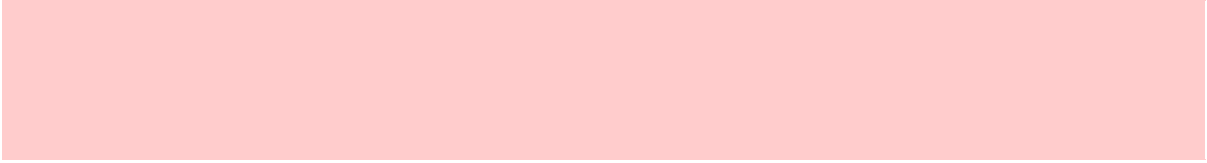
Medication last taken

[Text input field for medication last taken]

Clothing

A solid light red rectangular area used for redaction of information.

Car details/carrying anything/have cash or bank cards

A solid light red rectangular area used for redaction of information.

Situation/recent discussion/recent notable date/contact with friends or family

A solid light red rectangular area used for redaction of information.

Any other information

A solid light red rectangular area used for redaction of information.