



Adult at Risk of Going Missing Information Checklist

The purpose of this form is to record important information about an adult who may be at risk of going missing. This vital information is intended to assist police and other associated teams to begin searching for the individual as quickly as possible in the event they are reported as missing.

Once you have completed this form please keep it in a safe place where it can easily be located at any time of day or night, and give it to the police or relevant search team in the event of an emergency. *This information will ONLY be requested by the police and search teams in the event that the individual is reported as missing.*

It may be useful to complete several copies of this form which can be kept by care workers, neighbours, or relatives. Recording this information ahead of time will greatly reduce the stress associated with trying to recall detailed information in an emergency. Thank you for taking the time to complete it.

This form contains a lot of information and has been divided into 3 sections as detailed below – please do not worry if you don't have, or are unable to get, all the information it asks for as some of it may not apply to everyone.

SECTION 1: KEY INFORMATION. To be completed when you receive this form, to provide initial information that could be useful for police or search teams to begin a search.

SECTION 2: ADDITIONAL DETAILS. To be completed over time. This section will add valuable information regarding the individual you care for.

SECTION 3: IN EVENT OF A MISSING INCIDENT. To be completed in the event the individual you care for goes missing. This will give police and search teams up to date information regarding the clothes they are wearing and anything they may have with them.

SECTION 1: KEY INFORMATION

Date of completion:

Full name:

Preferred name:

Address:

Lived here since:

Place of birth:

Mobile phone no:

Please attach a recent photograph here.

Please use one that is a good likeness of the individual.

FULL BODY PHOTOGRAPH

Please attach a recent photograph here.

Please use one that is a good likeness of the individual.

FACE ONLY PHOTOGRAPH

Date of birth and age:

Ethnicity and gender:

Height:

Weight / build:

Hair cut / colour:

Facial hair / colour:

Eye colour / glasses:

Scars / marks / tattoos:

Any other distinctive features:

Does the individual have any communication difficulties, or other care and support needs that search teams should be aware of? (e.g. hearing/vision impaired, speech impediment, autism, drug/alcohol dependency)

Medical conditions / allergies:

Vital medications and dosage / frequency:

Symptoms if dosage is missed:

Any phobias (e.g. water / heights)

Is the missing individual pregnant?
If yes, how many weeks:

Next of kin (NOK) name and relationship to individual:

NOK address:

NOK phone no:

NOK email address:

GP's name:

GP's address:

GP's phone no:

Previous home / childhood address(s):

Do family / friends live nearby?

Family / friend address:

Any places of interest they may go:

Hobbies or special interests (e.g. fishing):

Typical modes of transport, and vehicle registration number:

Do they have a bus / train pass? What route do they normally travel on?

Does anyone provide transport for them? (e.g. friends / neighbour)

If yes, please provide vehicle details and registration number:

Does the individual have Telecare or safe return products (GPS locator, smartphone app?):

SECTION 2: ADDITIONAL DETAILS

Please list any jobs or voluntary work the individual has had, starting with the most recent:

Occupation and address of work:

No of years in this position:

- 1.
- 2.
- 3.

Please give details of previous instances when the individual has gone missing:

Previous number of times missing (including unreported):

How long were they missing for:

	Incident 1	Incident 2	Incident 3
Date:			
Where was the individual last seen?			
What was the individual doing when last seen?			
Reason for going missing?			
What action was taken?			
Where was the individual found / how long were they missing for?			
How far was this from where they should have been?			

Please rate how well the individual can walk, and describe any physical limitations to walking:

1. Usually unable to walk / bedbound
2. Requires assistance to walk small distance (e.g. a cane)
3. Can walk unassisted for short distances
4. Walks with assistance
5. Fully able to walk without assistance

Number:

Please give details of the individual's usual weekly routine, including visitors, weekly shopping habits, hobbies, clubs, etc. Please include address where possible.

	Morning	Afternoon	Evening
Monday	e.g. Goes to Garden City Day Services, 108 Ludwick Way, WGC	e.g. Visits a friend from 2-4pm	e.g. Attends local bowls club each Monday night from 6-8pm
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Does the individual have access to a bank account? Where are these details stored?

Location of passport, birth certificate, driving license and other ID documents:

Please list all key contacts for the individual (e.g. relatives, employment contacts, close friends, associated health/ care staff):

Name	Relationship to individual	Phone number	Address

SECTION 3: IN EVENT OF A MISSING INCIDENT

IF YOU CANNOT ESTABLISH THE INDIVIDUAL'S WHEREABOUTS AND YOU HAVE IMMEDIATE CONCERNS FOR THE INDIVIDUAL'S SAFETY, PLEASE REPORT THEM MISSING BY CALLING THE POLICE ON 999

If you do not have immediate concerns for their safety, but they may still be at risk and you cannot establish their whereabouts, please report this matter to the police by calling 101.

Please tell the police why the individual may be at risk, and give them the following details:

When and where was the individual last seen, and by whom?

What were they wearing?

What was the individual doing when last seen?

Were they alone or did they have company?

Were they on foot or were they travelling in a vehicle?

What steps have been taken to locate the individual? (e.g. searched the house / garden)

Does the individual have their phone on them? If so, please provide mobile number:

Medical conditions / allergies:

Is the missing individual pregnant?
If yes, how many weeks:

Current medication and dosage / frequency:

CONSENT TO SHARING INFORMATION

Name of missing individual:

Name of individual consenting to share this information:

Relationship to missing individual:

Contact details:

I consent to the information recorded within this form being shared between Hertfordshire County Council, Hertfordshire Constabulary, and any other agency which may be involved in assisting to locate the above named individual in the event this individual goes missing.

Signature:

Date:

Please keep this form somewhere safe, and hand it to the police or search team in the event the individual goes missing.