

**Herbert Protocol** is an information gathering tool. It assists 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 or carer. With copies of the form being held by all relevant people. **It is a good idea to fill this form in after finding out dementia has been diagnosed** 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 where possible.

## Photographs

Ideally provide **facial close up and a full length picture**.

Please **consent** to having this picture put on **social media** in the event of the person going missing.



**I agree**, photo's can be put on social media, if missing

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

# Personal Information



**Name:**

Likes to be known as:



**Date of Birth:**

**Age:**



**Address:**



**Telephone:**

**Race / Ethnicity:**



Is English their first language?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

# General Description



**Height , Weight & Build:**



**Hair Colour:**



**Wig / Hair piece:**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------



**Wears Glasses:**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------



**Facial Hair:**

YES NO

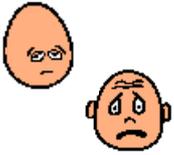
<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

# Medical Information



**Has Dementia diagnosis or memory problems:**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**Any mental health issues?**

E.g. Anxiety or Depression

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**Other Health issues?**

e.g. Diabetes

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**Takes medication?  
Please give details:**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**Are they at any risk without it?**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**Any Visual, Hearing, Communication or Speech difficulties?**

If yes please give details

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**Any mobility issues?**

e.g. uses stick/walking aid, has falls, short of breath

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**G.P Contact details**



# Personal Information



**Lives alone?**

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**Lives with others?**

If Yes, Who?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



**Name of Next of Kin/Carer**



**Previous Addresses:**

1.

2.

3.

Indicate if address is from childhood?



**Name & Places of Schools attended:**



**Most important/longest held job:**



**Places of Work & Addresses:**

1.

2.

3.

# Personal Information

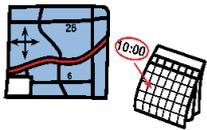


## Favourite places to go

- 1.
- 2.
- 3.



## Hobbies or Pastimes



## Regular routines /Places visited

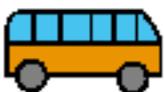
e.g. Doctors, Chemists, Church, Shops, Pub, Café, Cemetery, Park, Post Office, Visiting friends



## Regular or favourite holiday spots



## Travel patterns, past and present



### Buses:

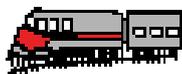
What route, bus number?

Have they got a bus pass?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

# Personal Information

## Trains



Stations travelled to and from:

## Car, Motorbike, Mobility Scooter



Access to a Vehicle?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Vehicle details & registration

## Access to Money



Carrying Cash?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Bank Card?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>



Which bank and branch visited?

## Phone



Uses a mobile phone?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

## Mobile Number

--	--	--	--	--	--	--	--	--	--	--

Network provider if known

# Personal Information

## Fears....



Fears that may affect them?

How might they react in frightened or worried?

Anything that might relax or calm the person if they are upset or distressed?

# Contact Details

<b>Name</b> 	<b>Relationship</b> (Wife, Son, Daughter, Friend, Carer, Support worker)	<b>Contact Telephone                      Number</b> 

## Additional useful information