



**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:	
Current telephone number:	

<b>Date of Birth</b>	<b>Age</b>
<b>Race/ethnicity</b> (please state) Is English still their first language	Yes/No
<b>General description</b>	
Height & 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
Are they at any risk without it?	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	
<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/carer</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 addresses</b> <b>1</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 Shops/ Pub /Café/Church	
<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 Vehicle registration	Yes/No
<b>Access to money</b> Carrying cash Bank card Which bank and branch visited	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/carer, support worker</b>		
<b>Name</b>	<b>Relationship</b> (wife, son, daughter, friend, carer, support worker)	<b>Contact Tel Number</b>
<b>Additional useful information</b>		