|  |  |  |
| --- | --- | --- |
| A drawing of a personDescription automatically generated |  |  |

**Adult at risk profile**

The purpose of this form 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 form in a safe place and give to the police in the event of the person going missing. The contents of this form will help the search teams to gather all 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:**

* phone 999 without delay
* complete the ‘Missing now’ section as best you can
* hand the form to the police when they attend your location

**Background**

|  |  |
| --- | --- |
| First name: | Please attach an up to date photograph which is of a good likeness of the person (if this is digital please print out and attach here) |
| Last name / family name: |
| Known as / nickname: |
| First spoken language: |
| Mobile phone number: |
| Home telephone number: |
| Do they have a GPS tracker? If yes give details: | |
| Current address: | |
| Postcode: | |
| How long have they lived there? | |

**Physical description**

|  |  |  |
| --- | --- | --- |
| Date of birth: | Age: | Gender: |
| Race / ethnicity: | Complexion: | Height: |
| Weight: | Hair colour / cut: | Facial hair: |
| Glasses?  Yes  No | Eye colour: |  |
| Marks / scars / tattoos: | | |
| Other distinctive features: | | |

**Medical history**

|  |  |  |
| --- | --- | --- |
| Medical conditions: | | |
| Communication difficulties: | | |
| Physical impairments: | | |
| Vital medication | Frequency | Symptoms if missed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| GPs name, address and telephone number: | | |
| Information for searchers (e.g. scared of being touched, things that make them anxious, scared of dogs, etc.): | | |

**Life history**

Use ‘additional information’ space at the end of the form if required.

|  |
| --- |
| Occupations / hobbies / passions / interests / volunteer work: |
| Favourite place(s) to spend time: |
| Typical modes of travel: |
| Favourite / likely destination(s): |
| Favourite footpath / track: |
| Family or friends living nearby: |
| 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 getting lost? |
| Are they able to drive? |
| Do they have a car?  Yes  No. If yes, registration number: |
| Do they have a bus pass?  Yes  No. If yes, what is their usual bus stop / bus route / bus number: |
| Do they attend church / mosque / synagogue / temple? |
| Houses / friends who they visit? |

|  |  |
| --- | --- |
| Previous addresses | Approximate dates |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Work name and address | Approximate dates |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| If missing previously, where found: | |
| Circumstances: How found / how far / time missing: | |
| Any additional information: | |

**Routine**

Please detail the persons routine in this section including visitors, weekly shop, walk to the post office, weekly hobby, clubs etc. Where possible include the location and address. This information could be vital in the search for the person.

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Morning** | **Afternoon** | **Evening** |
| **Example:**  Monday | **Example:**  Goes to Weaverham Community Centre CW8 3HY | **Example:**  Afternoon walk in the local park | **Example:**  Spending the evening at home watching television. |
|  |  |  |  |
| Monday |  |  |  |
|  |  |  |  |
| Tuesday |  |  |  |
|  |  |  |  |
| Wednesday |  |  |  |
|  |  |  |  |
| Thursday |  |  |  |
|  |  |  |  |
| Friday |  |  |  |
|  |  |  |  |
| Saturday |  |  |  |
|  |  |  |  |
| Sunday |  |  |  |

**Carer / family information**

|  |  |
| --- | --- |
| Name: | |
| Relationship to person reported missing: | |
| Address: | |
| Postcode: | |
| Home phone number: | Mobile phone number: |
| Alternative contacts (guardian / social worker): | |

**Missing now**

Are you happy for this information to be shared with the media – this may help to locate them?

Yes  No

|  |  |
| --- | --- |
| Time last seen: | Place last seen: |
| Medication last taken: | |
| Clothing: | |
| Car details / carrying anything / have cash or bank cards / bus pass on them: | |
| Situation / recent discussion / recent notable date / contact with friends or family: | |
| Any other information: | |

Thank you for completing this form. Please store it in a safe and accessible place. Hand to the police if the listed person goes missing.