





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:		
Last name / family name:	Please attach an up to date	
Known as / nickname:	photograph which is of a good likeness of the person (if this is	
First spoken language:	digital please print out and attach	
Mobile phone number:	here)	
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 telepho	ne number:	
Information for searchers (e.g. sca etc.):	red of being touched, things that make	e them anxious, scared of dogs,
Life history Use 'additional information' space	e at the end of the form if required	ı.
Occupations / hobbies / passion	· · · · · · · · · · · · · · · · · · ·	
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:	
Circumstance a How found / how for / time missi	
Circumstances: How found / how far / time missing	ng:
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:	Example:	Example:	Example:
Monday	Goes to Weaverham Community Centre CW8 3HY	Afternoon walk in the local park	Spending the evening at home watching television.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Carer / family information

Name:		
Relationship to person reported	l missing:	
Address:		
Postcode:		
Home phone number:		Mobile phone number:
Alternative contacts (guardian /	social worker):	
Missing now Are you happy for this informatio ☐ Yes ☐ No	on to be shared wi	ith the media – this may help to locate them?
Time last seen:	Place last seen:	
Medication last taken:		
Clothing: Car details / carrying anything /	have cash or bar	nk cards / bus pass on them:
Situation / recent discussion / re	ecent notable date	e / 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.