



YOUTH - LIFE HISTORY QUESTIONNAIRE

Description: The purpose of this questionnaire is to record pertinent information on the person you care for should they wander off. Once completed please keep this questionnaire in a safe place so you can provide it to the Police in the event of an emergency. This vital information will help the search teams to quickly gather all of the relevant information so they can begin searching. Recording this information ahead of time will greatly reduce the stress associated with trying to recall detailed information in an emergency. If possible, please also attach a clear, recent, head and shoulders photograph to this form.



Background Information:

Forename(s):		Surname:		Other Name(s):	
Current Address:			Resident Since:	Mobile No. (If Applicable):	

Physical Description:

Date of Birth / Age:		Sex:		Race / Ethnic Identity / Complexion:	
Height:	Weight:	Build:	Hair Length / Colour:		
Marks / Scars / Tattoos:		Eye Colour / Glasses:		Facial Hair / Colour (If Applicable):	
Other Distinctive Features: (e.g. a distinctive walk, accent, etc.)					

Medical History (continue on back as needed):

Medical Conditions:		Physical Disabilities:		Learning Difficulties:	
Vital Medication:		Frequency of Dosage:		Symptoms if Dosage Missed:	
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GP's Name:		GP's Address:		GP's Phone:	
Info for Searchers: (e.g. scared of dogs, combative without medication, difficulty hearing, code word, etc.)					

Life History (use additional space below if needed):

Hobbies / Interests / Job:		Favourite Place(s) To Spend Time:	
Typical Modes of Travel (Bus Pass / etc):		Favourite / Likely Destination(s):	
Favourite Footpath / Track:		Family Living Nearby:	Friends Living Nearby:
Previous Address 1 (if applicable):		Approximate Dates:	Foster Care: Y / N
Previous Address 2 (if applicable):		Approximate Dates:	Foster Care: Y / N
Childhood Address (if different):		Approximate Dates:	
School Name / Address:		Approximate Dates:	
Previous School Name / Address:		Approximate Dates:	
If Missing Previously, Where Found:	Circumstances, How Found, How Far, Time Missing:		

Additional Information (additional space if needed):

Carer / Family Information:

Your Name:		Relationship to Person Above:	
Address:		Home Phone:	
Mobile:		Alternative Contacts (Guardian / Social Worker):	

Please fill out this questionnaire, store it in a safe place and provide to the Police if they go missing