



# At Risk of Going Missing Person Details & Life History Form



Please use this form to provide information in case the person who you are caring for may have to be reported as missing. At the beginning and during a search you will be asked to provide information to help Police and Search and Rescue teams determine where and how to look. The information that you provide contributes enormously to the success of the search, so please keep a copy in a safe but accessible place so that you can give it to the Police or Search and Rescue team. Although the form has several pages it has been divided into 3 sections and should be completed as follows:

**SECTION 1 Key Information** (pages 2 to 4) should be completed as soon as possible after you receive this form. It provides the initial information that can be used by the Police or Search and Rescue teams at the outset of the search. Please also attach a current photo or photos.

**SECTION 2 Additional Details** (pages 5 to 8) can be completed over time. This section adds valuable additional information on the person you care for.

**SECTION 3 Reporting a Person Missing** (pages 9 to 11) should ONLY be completed when you have reported the person as missing. This section gives the Police and Search and Rescue teams the up-to-date information about how they are dressed and what they might have with them.

Further copies of the form can be downloaded from the community page of the Kent Search & Rescue website

[www.ksar.co.uk/community](http://www.ksar.co.uk/community)



# At Risk of Going Missing Person Details & Life History Form



## SECTION 1

Background Information			
<b>First and Middle Name(s) :</b>	<b>Surname and Previous Name:</b>	<b>Known as, Nickname, Preferred Name:</b>	
<b>Current Address:</b>		<b>Resident Since:</b>	<b>Mobile Phone Number:</b>

Physical Description			
<b>Date of Birth/Age:</b>	<b>Sex:</b>	<b>Race / Ethnic Identity:</b>	<b>Complexion:</b>
<b>Height:</b>	<b>Weight:</b>	<b>Build:</b>	<b>Hair Cut / Colour:</b>
<b>Marks / Scars / Tattoos:</b>		<b>Eye Colour / Glasses:</b>	<b>Facial Hair / Colour:</b>
<b>Other Distinctive Features:</b>			

Medical History		
<b>Medical Conditions and Allergies:</b>		
<b>Physical and Mental Health Conditions:</b>		
<b>Communication Problems:</b>		
<b>Vital Medications:</b>	<b>Dosage and Frequency:</b>	<b>Symptoms if Dosage is Missed :</b>
<b>Other Medications:</b>	<b>Dosage and Frequency:</b>	<b>Symptoms if Dosage is Missed :</b>
<b>GP's Name:</b>	<b>GP's Address:</b>	<b>GP's Phone Number:</b>
<b>Information for Searchers:</b> e.g. a distinctive walk, accent, scared of dogs, things that may worry or upset them, volatile without medication.		



# At Risk of Going Missing Person Details & Life History Form



## Life History

<b>Favourite Place(s) to Spend Time:</b>		
<b>Typical Modes of Travel/ Car Registration Number:</b>		<b>Favourite / Likely Destination(s) / Public Transport Routes:</b>
<b>Favourite Footpath / Track:</b>	<b>Family / Friends Living Nearby:</b>	<b>Places They Might Visit:</b> e.g. cemeteries
<b>Previous Address 1:</b>		<b>Approximate Dates:</b>
<b>Previous Address 2:</b>		<b>Approximate Dates:</b>
<b>Childhood Address 1 (if different):</b>		<b>Approximate Dates:</b>
<b>Childhood Address 2 (if different):</b>		<b>Approximate Dates:</b>
<b>Most Recent Work, Name and Address:</b>		<b>Approximate Dates:</b>
<b>Previous Work, Name and Address:</b>		<b>Approximate Dates:</b>

## Locating Information

<b>Does the person have Telecare or safe return products such as a GPS locator, smartphone app or similar device?</b>
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## Contact Information (Carer / Family)

<b>Your Name:</b>	<b>Relationship to Person:</b>
<b>Your Address:</b>	<b>Home Phone Number:</b>
<b>Mobile Phone Number:</b>	<b>Alternate Family Contacts:</b>
<b>Are you next of kin?</b>	<b>If no, NOK details:</b>



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## Photograph

Please obtain two recent photographs that could be released to Kent Police. You may be asked to give consent for media release at the time you make a missing report. One photograph should be a facial photograph while the second should show the full body.

Date of Photo:

Changes since photo taken:

## Additional Information

Eg: Other known frequented locations.

## Favourite Clothing or Belongings

Item	Style, Description and Contents:	Colour



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## SECTION 2

**Previously Missing, inc. unreported**

Number of times previously missing:		How often? e.g. weekly, monthly		For how long, on average?	
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**Please describe each incident where the person has previously gone missing, even if not reported to the Police. Please continue on additional paper if required. If possible, mark the location where the person was found on a map.**

	Incident 1	Incident 2	Incident 3
Date:			
Where was the person when last seen?			
What was the person doing when last seen?			
Any events that might have caused the person to go missing?			
What actions did you take?			
Where was the person found?			
How was the person found?			
Any medical problems that resulted from being lost?			
What was the distance from the point the person was last seen?			

**Occupation and Hobbies**

**Please list jobs / occupations / significant volunteer work, beginning with the current / most recent**

Job Occupation and Address	Years



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Hobbies / Interests / Volunteer Work	Years

Normal Travel Patterns
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Please answer the following questions in regards to the last 6 months
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	Yes	No	If yes, please describe
Does he/she talk about a person or place that is out of town?			
Does he/she talk about a person who is no longer alive?			
Does he/she talk about visiting a person or place that is out of town?			
Has he/she attempted to visit a person or place out of town without supervision?			
Can he/she drive a car safely?			
Can he/she find keys and start a car?			
Does he/she desire to drive a car?			
Does he/she travel independently using public or private transportation?			
Has he/she attempted to travel independently on public or private transportation?			
Does he/she walk or travel a considerable distance from home and return unaided?			
Does he/she get lost or confused easily in an unfamiliar setting?			
Does he/she get lost or confused easily at home/living quarters?			

Walking Habits
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Distance typically walked each day (during the past week.).	miles/kms
Greatest distance walked during the past three months.	miles/kms
Greatest distance walked during the past ten years.	miles/kms
Number of walks during the past week.	miles/kms
Estimate the greatest distance you believe he/she could walk.	miles/kms



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**Please rate the person's ability to walk**  
(tick the box below that best describes the person)

Confined to bed, unable to walk. <input type="checkbox"/>	Requires walker or cane to walk small distances. <input type="checkbox"/>	Walks unassisted for short distances but shuffles or limps. <input type="checkbox"/>	Walks with assistance. <input type="checkbox"/>	Walks effortlessly. <input type="checkbox"/>
Please list any physical limitations to walking:				

**Please describe their daily and weekly routine**

**Dementia Questions**

<b>Dementia Diagnosis (Alzheimer's, Vascular, Parkinson's, etc.)</b>		
<b>Neurologist/Gerontologist: Address and contact details</b>		
<b>MMSE Score (obtain from Physician) and date</b>		

**Tick the box below that best describes the person**

Mild confusion and forgetfulness, short term memory affected. <input type="checkbox"/>	Difficulty distinguishing time, place, and person. Some language difficulties. <input type="checkbox"/>	Nearly complete loss of judgment, reasoning, and loss of some physical control. <input type="checkbox"/>
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**Complete the following questions on the basis of the last two weeks. Tick yes if the activity is performed even once and add a comment. e.g. once, rarely, sometimes.**

	Yes	No	Comment
Does he/she experience personality or emotional changes?			
Does he/she experience delusions?			
Does he/she experience paranoia?			
Does he/she experience hallucinations?			
Does he/she recognise familiar faces?			



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	Yes	No	Comment
Has he/she experienced an emotional breakdown?			
Does he/she suffer from depression?			
Has he/she shown violence towards others?			
Is he/she registered with the Alzheimer's Society			
Does he/she know their name?			
Does he/she know where they are when at home?			
Does he/she recognise the local neighbourhood?			
Does he/she recognise familiar faces?			
Will he/she answer to their name being called?			
Is he/she able to conduct a conversation?			
Does he/she have the ability to tell time and differentiate between day and night?			
Would he/she approach a stranger for help?			
Can he/she choose appropriate clothing? <b>(with regard to the occasion, neatness, the weather, and colour combination)</b>			
Can he/she dress himself/herself in the appropriate order? <b>(undergarments, trousers/dress, shoes)</b>			
Can he/she decide that he/she needs to eat?			
Can he/she attempt to telephone someone at a suitable time?			
Can he/she find and dial a telephone number correctly?			
Can he/she carry out an appropriate telephone conversation?			
Can he/she decide to go out (walk, visit, shop) at an appropriate time?			
Can he/she decide to use a mode of transportation (car, bus, taxi)?			
Can he/she adequately organize an outing? <b>(with respect to transportation, keys, destination, weather, necessary money, shopping list)</b>			
Can he/she go out and reach a familiar destination without getting lost?			
Can he/she go out and reach a non-familiar destination without getting lost?			
Can he/she adequately handle his/her money? <b>(make change, use bank card)</b>			
Can he/she decide to take his/her medications at the correct time?			
Can he/she take his/her medications as prescribed? <b>(according to the right dosage)</b>			
Can he/she stay safely at home by himself/herself?			





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## SECTION 3

**FILL IN THIS SECTION ONLY IF THE PERSON GOES MISSING**

**If you cannot establish the whereabouts of the person and you are concerned for their immediate safety, please report them missing by calling 999.**

**If you do not have immediate concerns for their safety but they are vulnerable and you cannot establish their whereabouts, please report the matter to the Police by calling 101.**

**Please tell the Police why the person is vulnerable and give the following details:**

***When and where they were last seen, and by whom –***

***The direction of travel (if known) -***

***The means of travel (inc. vehicle registration, if applicable) -***

***What you have done to locate or to contact them -***



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**FILL IN THIS SECTION ONLY IF THE PERSON GOES MISSING**

### Clothing Worn When Last Seen

You might consider keeping an inventory of the person's clothing and footwear on a separate sheet of paper.

Item	Style and Description and Contents:	Colour
Headwear		
Upper Body Clothing		
Jumper / Cardigan		
Lower Body Clothing		
Coat / Jacket		
Footwear		
Underwear		
<b>Others</b>		

### Belongings

Item	Owns:	Description and Contents:	Located by the informant:
Glasses	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dentures	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing Aid	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Cane / Walking Aid	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Watch	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Jewellery	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Wallet / Purse	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Bank Card(s)	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Phone	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Safe Return Product e.g. telecare / GPS device	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Travel Card / Pass	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Passport	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Others</b>			
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/>		Yes <input type="checkbox"/> Yes <input type="checkbox"/>



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**FILL IN THIS SECTION ONLY IF THE PERSON GOES MISSING**

Please use this space to provide additional information.

## CONSENT TO SHARING OF INFORMATION

**Name of Missing Person :**  
**Name of Person Consenting:**  
**Relationship to Missing Person:**  
**Contact Details:**

I consent to the information recorded within this form being shared between Kent Police, Kent Search and Rescue (KSAR) and any other agency which may be involved in assisting to locate the above named person in the course of a missing episode. This is not consent to media appeal which will be sought separately by Police.

I wish the following restrictions to apply to the sharing of this information:

**Signature:**

**Date:**