|  |  |  |
| --- | --- | --- |
| Description: Description: BP logo (RGB) (3) (2) |  | On completion please forward to;Missing Persons Unit- Email; Missing.Persons@Bedfordshire.pnn.police.ukOr Fax; 5149. |
| **Dementia Information Gathering Check List** |
| COMPACT System |

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| **RESIDENTS FULL DETAILS** –  |
| Title: (Mr/Mrs/Miss etc)       |
| Surname:      | Forenames(s):       |
| Maiden Name:       |  |
| Aliases/Nicknames:     | Place of Birth:       |
| Date of Birth:       | Alias D.O.B:       | Age:    | Sex: | Male [ ]  | Female [ ]  |
| Nationality:       | Photograph Obtained:  | Yes [ ]  | No [ ]  |
| N.I. No. (OVER 16 ONLY)       | PNC I.D:       |
| *PERSON NOTES*Marital Status: | Married [ ] Widowed [ ]  if so, when? | Co-habiting [ ] Single [ ]  | Separated [ ] Other [ ]  |
| **CURRENT ADDRESS** |
| Premises: (Name and/or House Number)       |
| Street:       | Home Phone:       |
| District:       | Work Phone:       |
| Town:       | Mobile Phone:       |
| County:       | Grid Ref:       |
| Lives alone [ ] Normally lives with: Time at current address:Previous address: |
|

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| **CURRENT DESCRIPTION** |

 |
| Ethnic Appearance: | 1 White European [ ]  | 2 Dark European [ ]  | 3 Afro Caribbean [ ]  | 4 Asian [ ]  | 5 Oriental [ ]  |
| 6 Arab [ ]  | 0 Unknown [ ]  |  |
| Height: |   ft |    inches | or  |     | cm | Build: | FAT [ ]  | STOCKY [ ]  | PROP [ ]  | THIN [ ]  | SLIGHT [ ]  |
|  | BROAD [ ]  | MEDIUM [ ]  | SLIM [ ]  | SMALL [ ]  |
| Handed: | Left [ ]  | Right [ ]  | Ambi [ ]  | Shoe Size:    |
| Hair Type: (e.g Short, Cropped)       | Eyewear: | Glasses [ ]  | Contact Lenses [ ]  | Not Worn [ ]  |
| Hair Features:       | Hair Colour:       |
| Facial Hair:       | Accent: (Local is not permitted)       |
| Eye Colour: | BLUE [ ]  | BROWN [ ]  | GREEN [ ]  |  | Complexion:       |
| GREY [ ]  | HAZEL [ ]  | PINK [ ]  |  |
| Vehicle Possessed: (Make/Model/Colour/VRM)      Still driving [ ]  Licence number:Regular journeys driven: |
| Jewellery: (Describe Colour/Features/Inscriptions)       |
| Clothing: (Describe Colour/Sizes/Motifs/Labels)       |
| Mobility aids used: |
| Communication skills (asking for help, explaining what is wanted, making themselves understood): |
| Habits/Peculiarities:       |
| Identifying Marks: (Scares/Tattoos/Peculiarities) – (Describe their full Type/Location/Description)        |
| Hospital Number; |
| Key Code Access Number;  |

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| **Next of KIN** |
| Title: (Mr/Mrs/Miss etc)       | Forename(s):       |
| Surname:       |
| Premises:       |
|  | Home Phone No:       |
| (Mandatory where possible) |
| If as Misper’s current address [ ]  |  |  |
| Street:       | Work Phone No:       |
| District:       | Mobile Phone No:       |
| Town:       |  |
| County:       | Post Code:       | Relationship:       |
| (Mandatory) |  |
| **ADDITIONAL INFORMATION** |
| Family/ Contact details etc; (Emergency contacts; Secondary to NOK).  |
| Carers Details (And or Company (inc visiting times);  |
| Dementia type: Diagnosis date: |
| Details of Illness, Disability or Medical Condition:  |
| Insight into dementia:Safety awareness (road safety, responding appropriately to hot/cold weather, etc): |
| Details of Medication, including independency:       |
| Dentist’s Details:       | Phone No:       |
| Doctor’s Details:       | Phone No:       |
| Occupation:      Responsibilities, significant details:If retired, when:Does the person still believe they are working? | Phone No:       |
| Current/ Previous Employer and Address: | Phone No:       |
| Social/Key Worker Details:       | Phone No:       |
| Bank/Credit Card Details: (Include Bank, Sort Code, Account Number, and ‘Name of Account Holder’ as stated on Card or Cheque Book)      |
| Carries Cash (Normal quantity):      Understanding of money handling: |
| Blood Group: | O+ [ ]  | O- [ ]  | A+ [ ]  | A- [ ]  | B+ [ ]  | B- [ ]  | AB- [ ]  |
| Regular routines (daily, weekly):Significant dates/anniversaries: |
| Hobbies/ Clubs/ Organisations frequented; |
| Frequented Places, (places of interest/ recent, fav holiday locations); |
| Public Transport;* Buses; routes/ numbers/ stops (to catch, to get off)
* Taxis; company/ contact numbers;
 |
| Technology; * Computers; social network groups
* Profile name
* Password(s)
 |
| Family Burial Locations; |
| Religion/ Place of Worship, including regular services attended:  |
| Languages Spoken:       |
| Mobile Phone Number:       | Mobile Network Provider:       |
| Additional Information: Referral to Bobby Van Considered; Yes/NoReferral to Fire Service: Yes/NoReferral to relevant safeguarding unit (North/ South hub): Yes/NoDetailed on LPT System; Yes/NoDetails of LPT team given; Yes/NoReferral n/Watch – (consider nominated neighbour) Yes/NoANY OTHER DETAILS OF RELEVANCE;  |

**Do you consent for Bedfordshire Police to hold this information on a secure database, which is compliant with the Data Protection Act 1998, for the purposes of the Herbert Protocol?**

**Yes/No**

**Do you consent for a representative of the Herbert Protocol to contact you in the future to establish any additional support required?**

 **Yes/No**