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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | **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/No  Referral to Fire Service: Yes/No  Referral to relevant safeguarding unit (North/ South hub): Yes/No  Detailed on LPT System; Yes/No  Details of LPT team given; Yes/No  Referral n/Watch – (consider nominated neighbour) Yes/No  ANY 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**