

CONFIDENTIAL when complete

ADULT AT RISK PROFILE

This information is intended to assist care workers, partner agencies and the police if the person it refers to goes missing. **Please fill in these sections and keep it in a safe place. The form contains a lot of questions - do not worry if you don't have, or cannot get all of the information it asks for - some of it won't apply to everyone.**

There are sections intended for professional carers. Please don't worry if you do not understand what they mean. Please save the form - either in electronic format or handwritten - in a place where it can easily be found if the person it refers to goes missing.

It may need to be located quickly, at any time of the day, by the person who may need the information to begin the initial searches. It would be helpful if you make several copies which can be kept safe by care workers, neighbours or relatives. It should be kept up to date and be transferred with the person if they move.

When complete, the form will contain personal information and must be stored appropriately to protect the person's privacy. However, if the person goes missing, sharing the information with professionals, including the police, in order to protect and safeguard the person will become proportionate, necessary and justified. The police will only ever ask for the form if the person is reported missing. Thank you for taking the time to complete it. It could help to save someone's life.

Details of vulnerable person	
Full name of vulnerable person:	<p>Photograph</p> <p>Please attach a recent photo here.</p> <p>Please find one that is a good likeness of the person.</p> <p>It is also helpful if you have an electronic photo so it can be emailed to the police in the event of the person going missing.</p>
Preferred name/nickname:	
Date of birth and age:	
Ethnicity:	
Current address including postcode:	

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Next of kin	GP's contact details
Name:	Doctor's name:
Mobile number:	Phone number:
Land line number:	Out of hours number:
Contact address:	Surgery address:
Email:	Email:

Medical information	
(Please include where Deprivation of Liberty, guardianship or section 117 of the Mental Health Act, discharge are applicable)	
Current diagnosis:	Current medication being taken:
Medical conditions:	What are the risks if medication is not taken?
Any particular phobias such as fear of water/heights etc?	
<ul style="list-style-type: none"> • 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? • Can they move between furniture without help? 	

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<ul style="list-style-type: none"> • How might they react to being upset or scared? • If they don't have their medicine are there any short-term risks? • What are the consequences of not taking their prescribed medication over time? • Are there any behaviours that may result in conflict or challenges placing the missing person/others at risk? 	
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Places or addresses/where they might go to	
Previous home address:	Childhood addresses:
Family addresses:	
Places of interest or significance - for example, old school, a favourite walk or place to visit, a cemetery, former place of work or childhood home.	

Jobs, interests or hobbies	
<ul style="list-style-type: none"> • Where did/do they work? • What did they do? • Please state most recent AND historic jobs • Favourite pub/club/sports ground/allotment • Favourite outdoor activities: eg bowling, cricket, fishing, library, cinema • Regular holiday destinations • Any particular or special interests? 	

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Weekly habits

- Which shops do they use?
- Favourite café?
- GP/nurse/clinic/group?
- Church/mosque/synagogue/temple?
- Houses/friends who they visit, both now and in the past?

Travel

- Do they have a bus pass?
- What access to money do they have bank card, cheque book, cash
- Mobile phone number?
- Local transport – nearest bus stop?
- Where does the bus go to?
- Nearest train station?
- Are they able to drive?
- Do they have a car?
- Have they previously driven?
- Does anyone else provide transport for them such as friends, neighbours? What’s their name and type of car/registration number if possible?

GPS Tracking Does the person at risk consent to the use of GPS tracking? This is a device worn by the person at risk that sends signals that can be used to find them.

Yes/No

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Please detail the person's routines in this section including visitors, weekly shop, walk to the post office, weekly hobby, clubs, etc. Please include the location and address where possible. This information could be vital in the search for the person.

Monday	Morning Eg: goes to day centre at (address)	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

CONFIDENTIAL when complete**Is there any other information you would like to include?**

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Police primary contacts

When a vulnerable person is missing, always call 999.

The non-emergency number for all police forces is 101.

Care home details

Care home address:

Does this care home specialise in resident care, for example brain injury, learning difficulty or dementia?

Contact name (if applicable):

Contact number:

Email:

Key contacts

For example Community Mental Health Team, Community Psychiatric Nurse, care home service team/voluntary sector support.

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Person completing form	
Agreed by (name):	Address:
Position:	
Land line number:	
Mobile number:	
Date:	

Thank you for filling in this form. Please keep it somewhere safe where it can be found quickly if the person concerned goes missing. This could be a printed version or an electronic version held on a computer. Please keep a recent photograph of the person with the form – this can be an electronic version or a print. The police will only ask for the information in the unfortunate event of the person concerned being reported missing.