

## Herbert Protocol

People with dementia or other memory loss conditions can walk with purpose or wander. This means that sometimes they can get lost and be reported missing. If you live with a memory loss condition, or you care for someone who does, you can fill in this form containing information that will be useful to the police if you go missing. This means your loved ones and carers won't have to remember the information when they are under stress. And it saves time for the police, so they can start the search sooner.

*We recommend completing this form with a loved one or carer who knows you well. Once completed, a MedicAlert Registered Nurse will check the form to ensure it is completed correctly. They will be in touch if we need any further information or if you need assistance in becoming a MedicAlert member.*

### Basic Details

**Name**

Title

First

Last

**Other names they go by (for example nicknames or aliases)****Date of Birth****Gender**

Female / Male / Non-binary / Other

**Is their gender the same as at birth?**

Yes / No

**Nationality****Ethnicity****Husband, wife or partner's first name****Husband, wife or partner's surname**

### MedicAlert Membership

If you are not yet a member, or cannot remember your GB number, please continue to complete and submit the form; a member of our staff will be in touch with you to assist you further.

**Are you a MedicAlert member?**

Yes / No

**MedicAlert GB Number**

Found on your MedicAlert ID or Wallet Card

# Contact Details

## Address

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

## Do they have a second home or other family addresses they might go to?

## Phone number

## Email address

## Social media account details

Please include all account names, handles or links for Facebook / Instagram / Twitter / Other

## Do they have a tracking system, or wear/carry a MedicAlert ID? Please give details

## Physical Description

Height

Build (for example tall, short, athletic, stocky)

Hair colour, length and style

Complexion

Facial hair

Identifying marks

Any distinguishing physical characteristics

Anything else about their physical appearance that would be useful for us to know

## Health

Their type and symptoms of dementia

Any other medical conditions like diabetes, asthma, heart problems, including symptoms

What medication do they take?

What happens, in the short and long term, if they don't take their medication?

Do they have problems walking?

Yes / No

Do they use a stick or other walking aid?

Yes / No

**Can they move between furniture without help?**

Yes / No

**How far can they walk before getting tired?**

**Do you think they might behave in a way that causes conflict or puts them or other people at risk?  
If yes, please give details**

**Any phobias they have (for example fear of water or of heights)**

**How might they react to being upset or scared?**

**Any other health information you think is important**

## **Money**

**Do they have access to their own money?**

Yes / No

The police may ask you for details of any bank accounts they can access.

**Where are their favourite places to shop?**

## Travel and transport

Travel passes they have (and numbers, if you know them)

Nearest local bus stop to where they live

Nearest train station to where they live

Any regular journeys they take by bus or train

Can they drive?

Yes / No

Details of any vehicles (including bicycles) they have access to

Include make, model, colour, registration number and anything distinctive about the vehicle

Anyone else who provides transport for them

Include friends and neighbours, including details of the vehicles they use

## Communication

Is English their first language? If no, what is their level of spoken English?

What other languages do they speak?

Any communication issues we should know about (for example are they Deaf or autistic)?

Please give us any tips for communicating with them (for example calming them down if they are upset)

**Are there any key phrases or triggers that can help in a crisis?**

**Do they respond well to music? If so, are there particular genres or songs they like?**

## **Jobs and education**

**Do they currently have a job, or are they currently studying or volunteering?**

Yes / No

**If yes, please tell us what they are currently doing, including job title or role, employer or school**

**Address of work or school**

**Phone number and email address**

**Do they believe they still work or study somewhere? If so, have they ever returned to this location before?**

## Places of interest

Anywhere they regularly go on holiday

Any important past addresses including childhood addresses or past jobs

If you only know partial addresses or locations, don't worry, please tell us everything you know

Any close family or friends that they could go to

Please give names, addresses and contact details if you can

Church, mosque, synagogue or temple they go to

Including address if you know it

Favourite cafes, restaurants or pubs

Shops they regularly visit

Chemists they regularly use

Clinics or hospitals they regularly attend

Any other significant places

For example a favourite walk, an allotment, a sports ground or a cemetery they visit

# Interests

## Interests or hobbies, past and present

## Favourite indoor activities

For example going to the library or cinema

## Favourite outdoor activities

For example bowling, fishing, cricket

## Community groups or weekly events they attend

# Routine

	Morning	Afternoon	Evening
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>



## Previous times they went missing

*If they have gone missing before, please tell us:*

**What happened?**

**Where were they found?**

**Why were they there?**

## Other people we might need to talk to

**GP contact details**

Including surgery name, address and phone number

**Social worker contact details**

Including address and phone number

**Details of any other professionals we should know about**

For example dentist or other medical professional, counsellor or therapist

**Anyone else we should be talking to**

For example family or close friends, anyone with lasting power of attorney or court-appointed deputies

**Photograph**

Please attach a recent photo

**Further information**

*If there are any other details we haven't asked about that you think we ought to know about, please tell us here*

**Extra details**

## The person filling out this form

Please only complete this box if you have filled out the form on behalf of someone else, or have supported them in filling it out.

### Name

First

Last

### Your relationship to the person this form is about

### Phone

### Email

### Address

Address Line 1

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

### Any other ways we can contact you

### Date this form is being submitted