



**ADULT - LIFE HISTORY QUESTIONNAIRE**

**Description:** The purpose of this questionnaire is to record pertinent information on the person you care for should they wander off. Once completed please keep this questionnaire in a safe place so you can provide it to the Police in the event of an emergency. This vital information will help the search teams to quickly gather all of the relevant information so they can begin searching. Recording this information ahead of time will greatly reduce the stress associated with trying to recall detailed information in an emergency. If possible, please also attach a clear, recent, head and shoulders photograph to this form.



**Background Information:**

|                  |          |                             |
|------------------|----------|-----------------------------|
| Forename(s):     | Surname: | Other Name(s):              |
| Current Address: |          | Resident Since:             |
|                  |          | Mobile No. (If Applicable): |

**Physical Description:**

|   |                       |                                       |
|---|-----------------------|---------------------------------------|
| Date of Birth / Age:  | Sex:                  | Race / Ethnic Identity / Complexion:  |
| Height:   | Weight:               | Build:                                |
|   |                       | Hair Cut / Colour:                    |
| Marks / Scars / Tattoos:  | Eye Colour / Glasses: | Facial Hair / Colour (If Applicable): |
| Other Distinctive Features: (e.g. a distinctive walk, accent, etc.) |                       |                                       |

**Medical History (continue on back as needed):**

|  |                        |                            |
|--|------------------------|----------------------------|
| Medical Conditions:  | Physical Disabilities: | Communication Problems:    |
| Vital Medication:  | Frequency of Dosage:   | Symptoms if Dosage Missed: |
| Vital Medication:  | Frequency of Dosage:   | Symptoms if Dosage Missed: |
| GP's Name:   | GP's Address:          | GP's Phone:                |
| Info for Searchers: (e.g. scared of being touched, combative without medication, scared of dogs, etc.) |                        |                            |

**Life History (use additional space below if needed):**

|   |  |                                    |
|---|--|------------------------------------|
| Occupation / Volunteer work:              | Hobbies / Interests:                             | Favourite Place(s) to Spend Time:  |
| Typical Modes of Travel (Bus Pass / Car): |  | Favourite / Likely Destination(s): |
| Favourite Footpath / Track:               | Family / Friends Living Nearby:                  | Cemeteries They Might Visit:       |
| Previous Address 1 (if applicable):       |  | Approximate Dates:                 |
| Previous Address 2 (if applicable):       |  | Approximate Dates:                 |
| Childhood Address (if different):         |  | Approximate Dates:                 |
| Most Recent Work Name / Address:          |  | Approximate Dates:                 |
| Previous Work Name / Address:             |  | Approximate Dates:                 |
| If Wandered Previously, Where Found:      | Circumstances, How Found, How Far, Time Missing: |                                    |

**Additional Information (additional space if needed):**

**Carer / Family Information:**

|            |                               |
|------------|-------------------------------|
| Your Name: | Relationship to Person Above: |
| Address:   | Home Phone:                   |
| Mobile:    | Alternative Family Contacts:  |

**Please fill out this questionnaire, store it in a safe place and provide to the Police if they go missing**