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| **Missing Person Information for Police (by phone or in person)** | | | | | |
| Name & number of officer taking the report: | | | | | |
| Patient details including Full name, DOB, Address, Telephone numbers: Preferred Name/Nickname  (INSERT PATIENT STICKER ) | | | | | |
| Brief circumstances of patient going missing: | | | | | |
| Where last seen | When last seen | | By whom? | | |
| Individual’s description. – Including clothing | | | | | |
| Steps taken so far to trace the individual. (Preliminary actions undertaken) | | | | | |
| Is this out of character | | YES - why | | | NO |
| Why are you concerned?  What was the particular reason for this patient being deemed high risk? | | | | | |
| Any known intentions or preparations made prior to going missing? | | YES - what | | | NO |
| Have they taken any personal items with them? | | YES - what | | | NO |
| Do they have a mobile phone with them? | | Has it been tried? | | Number | |
| Any known places they may go? | | | | | |
| Are they subject to any MHA section or MCA DoLS | | YES - What and Why | | | NO |
| Any specific medical needs that require medication | | YES - Effects and timescales if not available | | | NO |
| Are they likely to be a victim of crime | | YES - Why | | | NO |
| Are they likely to be a victim of abuse | | YES (DV/Sexual/Racial/bullying/Homophobic) | | | NO |
| Are they at risk of sexual exploitation or have a Child Protection Plan | | YES – From whom | | | NO |
| Are they likely to self-harm, attempt suicide | | YES – Give details, including last known attempt | | | NO |
| Have they been exposed to harm in any previous missing episode | | YES - When | | | NO |
| Do they pose a danger to themselves or any other persons | | YES- give detail | | | NO |
| Does the missing person have a current or previous history of drug or alcohol abuse | | YES – Give details | | | NO |
| Details of any vehicle using or normal mode of transport if none | |  | | | |
| Details of messaging and social media used | | What format and usernames and passwords if known | | | |
| What access do they have to money | | | | | |
| Is there any other information relevant to their absence that may affect or influence a supervisor’s risk assessment? | | | | | |