

DORSET VOLUNTARY SEARCH & RESCUE



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 and produce to the Police in the event of an emergency. This vital information will help the search teams to gather all the relevant information and begin searching. Recording this information ahead of time will greatly reduce stress associated with trying to recall detailed information in an emergency. If possible, please also attach a clear and recent head and shoulders photograph to this form.

Attach a recent photograph

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Background Information							
Forename:	Surnam	Surname:		Known name:			
Current address:		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,	ye Colour/Glasses:		Facial Hair/Colour: (if applicable)			
Other distinctive features:							
Medical History							
Medical Conditions:	Phys	ical Disabilities:		Communication/Learning Difficulties:			
Vital Medication:	Freq	uency of Dose:	3	Symptoms if Dosage Missed:			
Vital Medication:	Freq	uency of Dose:	9	Symptoms if Dosage Missed:			
GP's Name Address and Telephone Number:							
Information for searchers: (e.g. scared of being touched, combative without medication, scared of dogs, etc.)							

Life History (use additional space below if required)						
Occupation/Hobbies/Interests/Volunteer Work		Favourite Places(s) To Spend Time				
Typical Modes of Travel (Bus pass/ etc.)		Favourite /Likely Destinations				
Favourite Footpath/ track:	ly or Friends Living Nearby:					
Previous Address 1. (if applicable)		Approximate Dates				
Previous Address 2. (if applicable)		Approximate Dates				
Recent Work/School Name & address	-	Approximate Dates				
If Missing previously – where found?	Circumstances. How found, How far, Time missing					
Additional Information						
Carer/ Family Information						
Your name:		Relationship to person named above				
Address:		Home phone:				
Mobile:		Alternative (Contacts	(guardian/ social worker)		

Please complete this questionnaire and store in a safe place until it is required. Please update photo and information regularly.