



Life History Questionnaire

Attach a recent photograph

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.

Background Information

Forename:	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/Glasses:	Facial Hair/Colour: (if applicable)	

Other distinctive features:

Medical History

Medical Conditions:	Physical Disabilities:	Communication/Learning Difficulties:
Vital Medication:	Frequency of Dose:	Symptoms if Dosage Missed:
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GP's Name Address and Telephone Number:

Information for searchers: (e.g. scared of being touched, combative without medication, scared of dogs, etc.)

