Herbert Protocol Form and Instructions

This form is designed to provide current information to first responders when someone is missing. Keep a copy of this completed form on top of your fridge with your ***Alberta Health Services Green Sleeve.***

For more information on the Green Sleeve, talk to your family doctor or health care provider or visit: *albertahealthservices.ca/info/page12585.aspx*

PHOTOGRAPHS

Ideally provide a facial close-up and a full length picture.

☐ Please check this box if you consent to having photo(s) shared on social media in the event that this person is missing.

PERSONAL DETAILS

Full name _____

Preferred name/nicknames _____

Other names _____

Current address _____

Home phone _____ **Cell phone** _____

Gender ☐ Male ☐ Female ☐ Other

Date of birth _____ **Age** _____

First language _____ **Other languages spoken** _____

Social media accounts _____

Emergency Contact _____

Home phone _____ **Cell phone** _____

Email _____

GENERAL DESCRIPTION

Hair colour, length and style _____

Wig/hair piece ☐ yes ☐ no **Glasses** ☐ yes ☐ no

Facial hair _____ **Complexion/skin colour** _____

Other identifying features (e.g. tattoos, scars, etc.) _____

_____

GENERAL INFORMATION

Has a dementia diagnosis or has memory problems ☐ yes ☐ no

If yes, please describe: _____

_____

_____

Any known risks? (i.e. aggression, suicidal thoughts, depression, substance abuse)

Describe: _____

_____

Any mental health issues? (i.e. anxiety, depression, bipolar) ☐ yes ☐ no

If yes, please describe: _____

_____

Medication? ☐ yes ☐ no (What kind? How often? What happens in the short term and long term without the medication): _____

_____

Is there visual, hearing, communication/speech impairment? ☐ yes ☐ no

If yes, please describe: _____

_____

GENERAL INFORMATION

Any mobility issues? (i.e. cane, walker, falls) ☐ yes ☐ no

If yes, please describe: _____

_____

Doctor/Specialist contact information: Phone Number _____

Name _____

Is there a Power of Attorney? ☐ yes ☐ no

Agent(s) _____

Is there a legal guardian? ☐ yes ☐ no

Name _____

Is there a personal directive? ☐ yes ☐ no

Agent(s) _____

PERSONAL CIRCUMSTANCES

Lives alone or with others? Describe: _____

_____

Previous addresses (indicate if childhood address): _____

1. _____

2. _____

3. _____

Current school, work or volunteer organization name & address: _____

_____

Most significant job: _____

LOCATION SERVICE

Location service GPS/medical alert: ☐ yes ☐ no

If yes, please describe: _____

_____

PERSONAL CIRCUMSTANCES

What situations might cause anxiety? (i.e. fears, phobias) _____

_____

How might they react if worried/frightened/anxious? _____

_____

Anything that would cause them to behave in a way that would put themselves or others at risk? _____

_____

Anything that might relax/calm them down if they are distressed? _____

_____

Access to money? ☐ yes ☐ no **Carrying cash?** ☐ yes ☐ no **Bank card?** ☐ yes ☐ no

Which bank/branch is typically visited? _____

Favourite places/routines (i.e. church, synagogue, mosque, cafe, grocery store, club):

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Hobbies: _____

_____

PERSONAL CIRCUMSTANCES

Favourite vacation spots: _____

_____

Name and contact information of friends or family members that they might visit:

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

TRAVEL PATTERNS, PAST AND PRESENT

Public transit: ☐ yes ☐ no **Usual route:** _____

Bus pass? ☐ yes ☐ no **Number:** _____

Motor vehicle? ☐ yes ☐ no **Vehicle access?** (i.e. keys) ☐ yes ☐ no

If yes, model, make, year, colour, license plate: _____

Other vehicle? (i.e. scooter, motorized wheelchair, bicycle) _____

Previous times missing: What happened? Where were they found? Why were they there?

_____

_____

_____

_____

_____

Building manager: _____

Emergency number: _____

CONTACT DETAILS (family, friend, caregiver, support worker)

Name	Relationship	Phone	Notes

ADDITIONAL DETAILS THAT MAY BE USEFUL

Include when and where last seen, a description of clothing or any other information you feel may be relevant to assist police.

Date of completion: _____ **By whom:** _____

Relationship: _____ **Phone:** _____

Email: _____