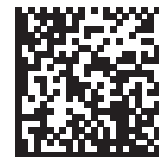


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Missing patient risk checklist and form
- Trustwide use

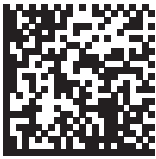


This checklist is indented to act as a guide to decision making when determining the level of risk for a missing person. It is essential to record all details in full.

Section 1 - If the answer to any of the questions in section 1 is 'yes', the initial risk assessment is HIGH and an immediate response may be required			
Factor	No	Yes	Details
Is there any information that the person is likely to harm themselves or attempt suicide?			
Is the person suspected to be subject of a crime? eg. abduction, domestic violence, modern slavery			
Is the person under 16 or, if between 16 and 18, vulnerable due to other factors?			
Is the person elderly or frail?			
Are there severe weather conditions that would seriously increase risk to health, especially where the missing person is a child or elderly person?			
Does the missing person need essential medication or treatment not readily available to them?			
Is the person suffering from a physical, mental illness or psychological disorder? - Physical injury - Physical disability - Depression - Cognitive impairment - Dementia - Mental illness - Other			
Is it likely the missing person does not have the ability to interact safely with others in an unknown environment?			
Has the person been involved in a violent, homophobic and / or racist incident or confrontation prior to their disappearance?			
Has the person been subject of bullying, harassment or maltreatment?			



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Section 2 - If the answer to any of the questions in section 2 is 'yes', this indicates a medium to low risk.

Factor	No	Yes	Details
Has the person previously disappeared AND suffered or was exposed to harm?			
Is this behaviour out of character and likely to be an indicator or their being exposed to harm?			
Is the person suffering from drug or alcohol dependency?			
Are there problems relating to the persons social circumstances? (Family / Relationships, Housing, Employment, Finances, School / College / University)			
Is the person unfamiliar with the area?			
Is the person assumed to be alone?			

List any other factors which should be taken into consideration

Risk assessment

Low risk	There is no apparent threat of danger to either the patient or the public
Medium risk	The risk posed is likely to place the patient in danger or they are a threat to themselves or others
High risk	The risk posed is immediate and there are substantial grounds for believing that the patient is in danger through their own vulnerability or mental state, or there are substantial grounds for believing that the public is in danger through the patient's mental state.

After consideration of all the risk factors, what do you consider the level of risk to be?

Low risk

 Medium risk

 High risk

Risk assessment is an ongoing process and should be repeated throughout the patient's disappearance

Name (printed) of person who completed the risk checklist: _____

Designation: _____ Signature: _____

Date: _____ Time: _____

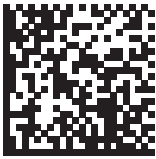


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Missing patient form

Details		
Surname:	Forename(s):	D.O.B. (or age if not known):
Alias / maiden name:	Gender: Male Female	Marital status: Single Married Divorced Separated
Telephone numbers: (including mobile)		
Next of kin: (including contact details)		
Time & location last seen:		
By whom:		
Circumstances:		
Description		
Please circle one in the following categories or give description of 'Other' if it is not included in list		
Ethnic appearance:		
Nationality:	Language:	
Height:	Build: Very heavy / Heavy / Stocky / Medium / Slim / Thin / Other:	
Hair colour: Dark brown / Light brown / Black / Fair / Blonde / Grey / White / Ginger / Other:	Hair type: Bald / Thinning / Receding / Straight / Curly / Wavy / Permed / Spiky / Dyed / Wig / Short / collar length / Shoulder length / Very long / Other:	
Complexion: Fresh / Pale / Ruddy / Tanned / Fair / Spotted / Other:	Facial hair: Full beard / Beard / Goatee / Moustache / Sideburns / Bushy eyebrows / Other:	
Eye colour: Blue / Brown / Hazel / Green / Grey / Cast / Staring / Other:	Marks: (Location) Scars / Tattoos / Others:	
Clothing last seen wearing: (include as much detail as possible including manufacturers or design details if known and distinctive or unusual patterns and logos)		
Property carried:		
Jewellery:		



Place patient sticker **within** this box



Missing patient form cont...

Additional details

Transport used:	If car: Registration number: Make / model: Colour:
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Physical condition:

Any distinguishing behaviour, peculiarities, abnormalities or habits:

Level of risk: Low risk Medium risk High risk

Risk identification

Factor	No	Yes
Is there any information that the patient is likely to cause self-harm or attempt suicide?		
Is the patient vulnerable due to age, infirmity or any other factor?		
Does the patient have any disability or mental health problems?		
Does the patient need urgent medical treatment?		
Does the patient need essential medical treatment?		
Are there any inclement weather conditions that would seriously increase the risk to the health of the patient?		
Do you believe that the patient may not have the ability to interact safely with others or in an unknown environment?		

If the answer to any of the above is **Yes** the initial risk identification may be **HIGH**

WARNING MARKERS: DRINK / DRUGS / MENTAL HEALTH / VIOLENT / CONTAGIOUS

Medication taken:

Medication required:

Any other relevant information

Form completed by:	Date:	Time:
Department searched by:	Date:	Time:
Security informed:	Date:	Time:
Police informed:	Date:	Time: