



**Dementia Information Gathering
Check List**
COMPACT System

On completion, please forward to the
Mental Health Team - dementia@beds.police.uk

Bedfordshire Police Headquarters
Mental Health Team
Woburn Road
Kempston
Bedfordshire
MK43 9AX

Does the individual have a confirmed diagnosis of dementia? Yes No

If not, is the individual in the process of getting a diagnosis? Yes No

If the answer is no, we will unfortunately not be able to register the individual onto the Herbert Protocol scheme, as it is for people who are either awaiting, or already have a confirmed diagnosis.

Do you have a recent photograph of the individual? Yes No

If the answer is no, please ensure that you retrieve a photograph of the individual, so that it can be added to their records as soon as possible.

PERSON DETAILS

Title: (Mr/Mrs/Miss etc)			
Surname:		Forenames(s):	
Aliases/Nicknames:		Maiden Name:	
Date of Birth:	Age:	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Place of Birth:		Country of Birth:	
Nationality:		N.I. No. (OVER 16 ONLY)	
Married/Civil Partnership <input type="checkbox"/>		Separated <input type="checkbox"/>	Single <input type="checkbox"/>
Marital Status: Widowed <input type="checkbox"/> if so, when?		Other <input type="checkbox"/>	Not disclosed <input type="checkbox"/>

CURRENT ADDRESS

Premises: (Name and/or House Number)	
Street:	Home Phone:
District:	Mobile Phone:
Town:	Work Phone:
County:	Email Address:
Postcode:	Grid Ref:

CURRENT DESCRIPTION

Ethnic appearance: <input type="checkbox"/> White – North European <input type="checkbox"/> White – South European <input type="checkbox"/> Black <input type="checkbox"/> South Asian <input type="checkbox"/> East Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other	
Height: ft inches OR cm	Build: <input type="checkbox"/> Fat <input type="checkbox"/> Stocky <input type="checkbox"/> Proportionate <input type="checkbox"/> Thin <input type="checkbox"/> Slight <input type="checkbox"/> Broad <input type="checkbox"/> Medium <input type="checkbox"/> Slim <input type="checkbox"/> Small
Handed: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Ambi	Eyewear: <input type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses <input type="checkbox"/> Not worn
Hair type (e.g. short, cropped):	Shoe size:
Hair colour:	Accent (local is not permitted):
Hair features:	Complexion: <input type="checkbox"/> Albino <input type="checkbox"/> Dark <input type="checkbox"/> Fair <input type="checkbox"/> Fresh <input type="checkbox"/> Pale <input type="checkbox"/> Ruddy <input type="checkbox"/> Sallow <input type="checkbox"/> Tanned
Facial hair:	Dentures:
Eye colour:	Sexual orientation:
Jewellery:	
Clothing:	
Identifying marks (Scars/Tattoos/Piercings) – (Description/Location/Type):	
Habits:	

Vehicles	
Has a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are they still driving? <input type="checkbox"/> Yes <input type="checkbox"/> No
License number:	
VRM:	Make:
Model:	Colour(s):
Features:	

DISABILITY

Does the person have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the disability or disabilities the person has, where applicable?
<input type="checkbox"/> Dyslexia <input type="checkbox"/> Hearing difficulties <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Progressive condition <input type="checkbox"/> Reduced physical capacity <input type="checkbox"/> Speech impediment <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Severe disfigurement <input type="checkbox"/> Visual impairment <input type="checkbox"/> Undisclosed <input type="checkbox"/> Other (please state):
Disability details:

Does the person have a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mental illness details:	
<input type="checkbox"/> Dementia	<input type="checkbox"/> Depression <input type="checkbox"/> Paranoia <input type="checkbox"/> Personality Disorder <input type="checkbox"/> Psychosis
<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Not known <input type="checkbox"/> Other (please state):
Mental illness details (e.g. type of dementia):	
Date of Dementia Diagnosis:	

NEXT OF KIN

Title:	
Surname:	Forename(s):
Same address as individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Premises (Name/House number):	Street:
District:	Town:
County:	Postcode:
Country:	Grid ref:
Telephone:	Work phone:
Mobile:	Email address:
Relationship:	

ADDITIONAL NEXT OF KIN

Title:	
Surname:	Forename(s):
Same address as individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Premises (Name/House number):	Street:
District:	Town:
County:	Postcode:
Country:	Grid ref:
Telephone:	Work phone:
Mobile:	Email address:
Relationship:	

NOTES

Lives alone? Yes No (If not, normally lives with: _____)

Time at current address:

Previous address (if applicable):

<p>Understanding of money handling:</p> <p>Mobility aids used:</p> <p>Communication skills (asking for help, explaining what is wanted, making themselves understood):</p> <p>Insight into dementia:</p> <p>Safety awareness (road safety, responding appropriately to hot/cold weather, etc):</p>
<p>Regular journeys driven:</p> <p>Frequented Places (places of interest, recent/favourite locations):</p> <p>Regular routines (daily, weekly):</p>
<p>Significant dates/anniversaries:</p> <p>Family burial locations:</p>
<p>Technology (computers, social media, etc):</p> <p>Public transport:</p>

ADDITIONAL INFORMATION	
Medication (including independency):	
Doctor's details (including phone number):	
Dentist's details (including phone number):	
Occupation:	If retired, when?
Employment details (including responsibilities, significant details):	

Does the person believe they are still working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place of education:	
Education details:	
Amount of cash carried (£):	
Blood group: <input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/> A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> AB- <input type="checkbox"/> Unknown	Religion:
Languages spoken:	
Mobile network provider:	

PASSPORTS

Country of issue:	Expiry date:
Location: <input type="checkbox"/> With person <input type="checkbox"/> Seized by police <input type="checkbox"/> At other location <input type="checkbox"/> Unknown	
Location details:	
Passport number:	

Additional information

Referral to Bobby Van Considered;	Yes/No
Referral to Fire Service:	Yes/No
Referral to relevant safeguarding unit (North/ South hub):	Yes/No
Detailed on LPT System;	Yes/No
Details of LPT team given;	Yes/No
Referral n/Watch – (consider nominated neighbour)	Yes/No

ANY OTHER DETAILS OF RELEVANCE;

Do you consent for Bedfordshire Police to hold this information on a secure database, which is compliant with the Data Protection Act 2018, for the purposes of the Herbert Protocol?

Yes No

Do you consent for any partner agency who is representative of the Herbert Protocol to contact you in the future to establish if you require any additional support?

Yes No

DEVICE SAFEGUARDING SCHEME

Bedfordshire police are launching a device safeguarding scheme. Previously piloted by Avon and Somerset police, the scheme is now seeing success in forces across the UK.

Devices will be distributed to those with dementia who are vulnerable and at risk of going missing. Devices have a visible QR code on which can be scanned by a member of the public if an individual is found potentially lost and confused. When scanned, the QR code will display a message containing the person's next of kin contact which can hopefully be used to return the person home safely.

The device will be posted to you. Once received, you will have to programme the message into the app yourself. An app is required to do so but the process is simple, and instructions will be provided alongside the device.

We have 3 options available – Wristbands, lanyards and hang tags. An image is available below of all devices.

You will receive one of these devices, which type you receive depends on personal preference, which should be indicated below if you would like a device.

Note: Preference for device type will be accommodated where possible. We cannot guarantee first or even second choice due to differing demand levels.

Would you like to request a device?

YES NO

If yes, please indicate an order of device preference (options: wristband, lanyard, and hangtag):

- 1.
- 2.
- 3.

If yes, please indicate what address you would like the device posted to:

Please provide an email address to send the programming instructions to. If you would prefer to receive a paper copy, please indicate that below:

An image of the 3 options available – Wristbands, lanyards and hang tags.

