

Appendix 1 – Patient's Description

NAME:				ADDRESS:			
AGE: (if known or approximate)				Male		Female	
When last seen:				Where last seen:			
Physical or mental condition: (frail, aggressive, confused, may self harm, etc)							
Ethnic appearance: White European / Asian / Afro Caribbean / Other:							
Build:		Slim / Average / Muscular / Obese / Other:					
Height:		Ft inches					
Hair colour:							
Hair style:							
Facial hair (if Yes describe)							
Accent:							
Eye Colour:				Glasses:		YES	NO
Piercing :	Ear (L)	Ear (R)	Nose	Eyebrows	Other:		
Jewellery Please Detail:							
Facial Features (i.e. Bushy eyebrows, large nose etc):							
Scars/Tattoos/Peculiar Marks Please detail:							
Clothing:		Describe all clothing detailing colours/makes/logos/new-old/anything distinctive –					
Possessions (i.e. holdall/handbag/carrier bag/child seat etc): Give full description of same:							
Any other information:							