Inmate Medical/Mental Health Information Form

Print Clearly & Use Reverse Side As Needed

INMATE INFORMATION

Inmate's Full Legal Name:_____

Date Of Birth: _____ Booking # _____

SOURCE OF INFORMATION FOR THIS FORM:

Your Name: _____

Relationship: Professional ☐ Family ☐ Friend ☐ Other ☐ (Describe:_____)

Daytime Phone: _____ Evening Phone: _____

SIGN HERE: _____

TREATMENT HISTORY BY VENTURA COUNTY BEHAVIORAL HEALTH DEPARTMENT (VCBH)

Presently VCBH Client: Yes ☐ No ☐ Unknown ☐ Date Last Treated: _____

Last VCBH Clinic _____ Last VCBH Doctor_____

PHYSICIAN/TREATMENT FACILITY/OTHER MEDICAL/MENTAL HEALTH PROVIDERS

(☐ check here if using reverse side for more than one provider)

Name: _____ Date Last Treated:_____

Phone: _____Fax: _____

PHARMACY Name: _____ Phone: _____ Fax:_____

MENTAL HEALTH INFORMATION

Diagnoses: _____

Current Medications (Name, Dosage, Frequency & Date Started): _____

_____

_____

_____

Last Time Medications Taken (if Known): Date:_____ Time:_____

Medication Compliance? Yes ☐ No ☐ Partial ☐

Adverse Effects of Medications (i.e. side effects, allergies, poor efficacy): _____

_____

_____

Prior Helpful Medications? Why Discontinued? _____

_____

Is Suicide a Concern? No ☐ Yes ☐ If yes, why? (include prior attempts) _____

_____

_____

OTHER CONDITIONS, INCLUDING ALLERGIES, OR ADDITIONAL MEDICAL/MENTAL HEALTH INFO:

_____

_____

☐ **Check here if CONFIDENTIALITY WAIVER BY INMATE accompanies this form**

Submit

Mail or Hand Deliver: Jail Medical Dept, Ventura County Jail, 800 S. Victoria Ave., Ventura, CA 93003