

Inmate Medical/Mental Health Information Form

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: _____

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? _____

Dislikes/Escalations (Triggers, sensitivities) _____

Likes (De-escalation techniques, re-enforcers) _____

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

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