

Important Medical History Summary under WIC 5008.2 (AB 1424)*

Summary of Mental Health History for our family member:

This summary is provided by a family member, relative, or friend, who knows the person named below very well.

(Name) _____

Summary submitted on (date): _____

D.O.B. _____ Social Security Number: _____

Medical Insurance Company _____

Medical Record Number or ID# _____

Doctor or Care Coordinator: _____

Phone Number: _____

Medical Diagnosis: (Psychiatric diagnosis) _____

Medications Prescribed: _____

Medications presently taking: _____

Medications given in the past that were not tolerated well:

Adverse reactions: _____

History of medical condition starting with most recent past: (include the follow information)

- State whether loved one is or ever was a danger to self or others, and gravely disabled
- State any homelessness, hospitalizations, diagnosis, medications, incarcerations
- State what frightens and calms your loved one
- Keep it brief, concise and dramatic. Write no more than one page.
- State education, work history

End with information about yourself, spouse or other persons close to family member and describe the relationship with your loved one. Give names and contacts if applicable. State that you are a member of:

List health and religious organizations including National Alliance on Mental Illness Orange County and /or California Treatment and Advocacy Coalition.

Sign with names of self, spouse and other support persons mentioned above.

Summary reported and submitted by:

Name: _____ Phone: _____

Fax: _____ Cell: _____

Address: _____

E-mail: _____

(please print email very clearly)