

INMATE MEDICATION INFORMATION FORM

INMATE INFORMATION

FULL LEGAL NAME OF INMATE: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
DOB: _____ BOOKING #: _____
JAIL LOCATION: _____ FLOOR/CELL no.: _____

FAMILY CONTACT INFORMATION

FAMILY CONTACT NAME: _____ RELATIONSHIP _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
DAYTIME PHONE: _____ EVENING PHONE: _____
CONTACT SIGNATURE: x _____

PSYCHIATRIST/TREATMENT FACILITY INFORMATION

PSYCHIATRIST/LAST TREATMENT FACILITY: _____ DATE LAST TREATED: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____

MEDICAL INFORMATION

DIAGNOSIS: _____
DAYTIME MEDICATIONS: _____

NIGHTTIME MEDICATIONS: _____

PRIOR ADVERSE MEDICATION EFFECTS (i.e. side effects, allergies, poor efficacy): _____

IS SUICIDE A CONCERN? NO _____ YES _____ IF YES, WHY? _____

OTHER MEDICAL CONCERNS: _____

MEDICAL DOCTOR'S NAME: _____ OFFICE PHONE: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

Correctional Mental Health provides a wide range of psychiatric and crisis intervention services to the inmates in the Orange County Jail System:

If a family member or friend is in custody at an **Orange County jail facility**, and you are uncertain whether we are aware of an important mental health condition, please contact **Correctional Mental Health (CMH) Administration** at **714-647-4164** Monday through Friday from 8am-5pm. If this is an urgent after-hours matter, please contact the **CMH triage desk at: 714-647-6030**