

**INMATE MEDICATION INFORMATION FORM**

**INMATE INFORMATION**

**If you believe your family member is suicidal or has an urgent medical condition that requires immediate attention, call the jail immediately at (805) 781-4600 and ask for the on-duty sergeant.**

FULL LEGAL NAME OF INMATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DOB: \_\_\_\_\_ BOOKING #: \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

FAMILY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

**Forms that do not contain your contact information may not be considered valid.**

**PSYCHIATRIST/TREATMENT FACILITY INFORMATION**

PSYCHIATRIST: \_\_\_\_\_ DATE LAST TREATED: \_\_\_\_\_

LAST TREATMENT FACILITY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**MEDICAL INFORMATION**

DIAGNOSIS: \_\_\_\_\_

DAYTIME MEDICATIONS: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

NIGHTTIME MEDICATIONS: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

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

IS SUICIDE A CONCERN? NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, WHY? \_\_\_\_\_

**IF YES, IMMEDIATELY CALL (805) 781-4600 AND ASK FOR THE ON -DUTY SERGEANT**

OTHER MEDICAL CONCERNS: \_\_\_\_\_

MEDICATIONS PRESCRIBED FOR THESE CONDITIONS: \_\_\_\_\_

MEDICAL DOCTOR'S NAME: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**JAIL MEDICAL/MENTAL HEALTH SERVICES**

FAX: (805) 781-4620

**PRINT**

**SUBMIT FORM**