

**EL DORADO SHERIFF**

**INMATE MEDICATION INFORMATION FORM**

**INMATE INFORMATION**

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

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

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

JAIL LOCATION: \_\_\_\_\_

**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 efficiency): \_\_\_\_\_

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

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

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

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

**SOUTH LAKE TAHOE JAIL  
1051 AL TAHOE BLVD, SOUTH LAKE TAHOE, CA. 96150  
PHONES: 530-573-3030 AFTER HOURS CALL: 530-573-3031  
FAX: 530-573-3032 TO CENTRAL BOOKING 24hr. LINE  
JAIL COMMANDER PHONE: 530-573-3041**