

North Kern State Prison Inmate Mental Health Information Form

The **Inmate Mental Health Information Form** is provided below. Print and complete the form and either fax it or mail it to North Kern State Prison.

- Fax number: (661) 721-6262
- Address:

Dr. Greg Hirokawa, Chief Psychologist
North Kern State Prison
P.O. Box 567
Delano, CA 93216-0567

If this form is not available, you can still provide us with information about your family member's mental health and medical history. When sending information to North Kern State Prison, please include as much as you can of the following information regarding your family member:

- Full name
- Date of birth
- Diagnosis (include both current and past diagnoses if possible)
- Psychiatrist/ psychologist/ counselor's phone number and address
- Medications currently prescribed (along with dosage)
- Prescribing physician's name, address and phone number
- Problems with medications in the past
- History of suicide attempts/threats: provide a description of events if you can
- Your concerns about the possibility that the inmate might harm himself
- History of psychological difficulties, other than self-harm
- Any other urgent medical conditions that might require immediate attention – include doctor's names, addresses and phone numbers if you have those available to you

The mental health and medical information you provide is tremendously valuable in making an assessment and will help mental health staff at North Kern State Prison select the best treatment for your relative. There is a clear preference for maintaining effective current treatment. However, the prison staff must conduct its own assessment of your relative's condition and may not necessarily prescribe exactly the same medications.

North Kern State Prison is prohibited by law from giving anyone information about an inmate's mental or physical health unless they have consent from the inmate. However, the staff can receive information from relatives or friends without consent. The inmate will have access to the information you provide on this form. **The background information you provide can be extremely helpful for your loved one, who may have difficulty providing accurate information regarding his mental health concerns.**

INMATE MENTAL HEALTH INFORMATION FORM

INMATE INFORMATION

FULL LEGAL NAME: _____ BIRTHDATE: _____
ADDRESS BEFORE PRISON: _____
CDCR #: _____ HOUSING, IF KNOWN: _____

FAMILY CONTACT INFORMATION

THIS FORM IS BEING COMPLETED BY: _____
FAMILY MEMBER WHO CAN BE CONTACTED REGARDING THIS FORM: _____
RELATIONSHIP TO INMATE: _____
ADDRESS: _____ CITY: _____ STATE/ ZIP: _____
DAYTIME PHONE: _____ EVENING PHONE: _____ CELL: _____

MENTAL HEALTH INFORMATION

PSYCHIATRIST INFORMATION:

NAME: _____ ADDRESS: _____
PHONE: _____ APPROXIMATE DATES OF TREATMENT: _____

PSYCHOLOGIST/ COUNSELOR INFORMATION:

NAME: _____ ADDRESS: _____
PHONE: _____ APPROXIMATE DATES OF TREATMENT: _____

DESCRIBE THE INMATE'S MENTAL HEALTH HISTORY: _____

DIAGNOSIS: _____
MEDICATIONS: _____
Side effects or negative reactions to medications: _____

ARE YOU WORRIED THAT THE INMATE MIGHT HARM HIMSELF? NO YES

If yes, explain your concerns: _____

HAS YOUR FAMILY MEMBER ATTEMPTED SUICIDE IN THE PAST? NO YES

If yes, provide approximately date(s) and number of suicide attempts/threats: _____

What was going on that might have triggered suicidal thoughts or behavior? _____

MEDICAL INFORMATION

MEDICAL DOCTOR:

NAME: _____ ADDRESS: _____
PHONE: _____ APPROXIMATE DATES OF TREATMENT: _____

LIST MEDICAL CONCERNS: _____

MEDICATIONS: _____

NORTH KERN STATE PRISON CONTACT INFORMATION

PLEASE FAX OR MAIL THIS FORM TO: **DR. GREG HIROKAWA, CHIEF PSYCHOLOGIST**

ADDRESS: NORTH KERN STATE PRISON/ P.O. BOX 567/ DELANO, CALIFORNIA 93216-0567 or **FAX: (661) 721-6262**

NOTE: If you have any additional information you'd like to share, please attach a separate sheet. Thank you for your assistance!

This form was developed with the assistance of NAMI California

FORMULARIO DE INFORMACIÓN DE MEDICACIÓN DE PRESOS
INFORMACIÓN DEL PRESO

NOMBRE LEGAL COMPLETO DEL PRESO: _____
CALLE: _____ CIUDAD: _____ ESTADO: _____ CÓDIGO POSTAL: _____
FECHA DE NACIMIENTO _____ N. DE REGISTRO: _____
UBICACIÓN EN LA CÁRCEL: TORRE: _____ PISO: _____ N. DE PASILLO: _____

INFORMACIÓN DE CONTACTO DE LA FAMILIA

NOMBRE DE FAMILIAR DE CONTACTO: _____ RELACIÓN: _____
CALLE: _____ CIUDAD: _____ ESTADO: _____ CÓDIGO POSTAL: _____
N. DE TELÉFONO POR EL DÍA: _____ N. DE TELÉFONO POR LA NOCHE: _____
FIRMA DEL CONTACTO x _____

INFORMACIÓN DE PSIQUIATRA O CENTRO DE TRATAMIENTO

PSIQUIATRA/ÚLTIMO CENTRO DE TRATAMIENTO: _____ ULTIMO DÍA DE TRATAMIENTO: _____
CALLE: _____ CIUDAD: _____ ESTADO: _____ CÓDIGO POSTAL: _____
N. DE TELÉFONO: _____ N. DE FAX: _____

INFORMACIÓN MÉDICA

DIAGNÓSTICO: _____

MEDICINAS DE DIA: _____

MEDICINAS DE NOCHE: _____

EFFECTOS NEGATIVOS ANTERIORES (por ejemplo, efectos secundarios, alergias, escasa eficacia): _____

¿ES EL SUICIDIO UNA PREOCUPACIÓN? NO _____ SÍ _____ EN CASO AFIRMATIVO, ¿POR QUÉ? _____

OTRAS PREOCUPACIONES MÉDICAS: _____

NOMBRE DEL MÉDICO: _____ N. DE TELEFONO: _____

CALLE: _____ CIUDAD: _____ ESTADO: _____ CÓDIGO POSTAL: _____

NÚMERO DE FAX DEL SERVICIO DE SALUD MENTAL
NORTH KERN STATE PRISON CONTACT INFORMATION

DR. GREG HIROKAWA, CHIEF PSYCHOLOGIST

ADDRESS: NORTH KERN STATE PRISON/ P.O. BOX 567/ DELANO, CALIFORNIA 93216-0567 or FAX: (661) 721-6262

ENVÍE UN FAX A AMBOS NÚMEROS CUANDO OTRAS CONDICIONES MÉDICAS SEAN RELATIVAS