

INMATE MEDICAL INFORMATION FORM

INMATE INFORMATION

FULL LEGAL NAME OF INMATE: _____
STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
DOB: _____ BOOKING #: _____
JAIL LOCATION: FACILITY: _____ HOUSING UNIT: _____

FAMILY CONTACT INFORMATION

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

CONTACT SIGNATURE: _____

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: _____

Facility	Fax Number
San Diego Central Jail	(619) 615-2450
Las Colinas Detention Facility	(619) 258-3222
Descanso Detention Facility	(619) 659-5549
East Mesa Detention Facility	(619) 661-2722
George Bailey Detention Facility	(619) 661-2797
South Bay Detention Facility	(619) 691-4449
Vista Detention Facility	(760) 940-4533