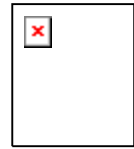




**SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
INMATE MEDICATION INFORMATION FORM**



This form may be completed online or you may print the form and complete it by hand

INMATE INFORMATION				
FULL LEGAL NAME OF INMATE: _____			DOB: _____	
AKA(s): _____		Booking #: _____		
STREET ADDRESS: _____		CITY: _____	STATE: _____	ZIP CODE: _____
INMATE'S HOUSING FACILITY: <input type="checkbox"/> WVDC <input type="checkbox"/> GHRC <input type="checkbox"/> CDC <input type="checkbox"/> ADC				

FAMILY CONTACT INFORMATION				
FAMILY CONTACT NAME: _____			RELATIONSHIP: _____	
STREET ADDRESS: _____		CITY: _____	STATE: _____	ZIP CODE: _____
DAYTIME TELEPHONE: () - _____		EVENING TELEPHONE: () - _____		
CONTACT SIGNATURE: X				

PSYCHIATRIST / TREATMENT FACILITY INFORMATION				
PSYCHIATRIST/LAST TREATMENT FACILITY: _____			DATE LAST TREATED: _____	
STREET ADDRESS: _____		CITY: _____	STATE: _____	ZIP CODE: _____
TELEPHONE: () - _____		FAX: () - _____		

MEDICAL INFORMATION				
DIAGNOSIS: _____				
DAYTIME MEDICATIONS: _____				
NIGHTTIME MEDICATIONS: _____				
PRIOR UNFAVORABLE MEDICATION EFFECTS (i.e., side effects, poor response or allergies): _____				
IS SUICIDE A CONCERN? <input type="checkbox"/> No <input type="checkbox"/> YES IF YES, WHY? _____				
OTHER MEDICAL CONCERNS: _____				
MEDICAL DOCTOR'S NAME: _____			OFFICE PHONE: () - _____	
STREET ADDRESS: _____		CITY: _____	STATE: _____	ZIP CODE: _____

FAX TO BOTH NUMBERS WHEN BOTH MEDICAL AND MENTAL HEALTH CONDITIONS APPLY

Fax Numbers	WVDC	GHRC	CDC	ADC
Jail Medical	(909) 463-5180	(909) 473-2643	(909) 386-0939	(760) 530-9374
Jail Mental Health	(909) 463-5233	(909) 463-5233	(909) 463-5233	(909) 463-5233