Psychiatric and Medical Information Provided by Family / Friend

Date:	
Submitted by:	
Relationship:	
Phone:	

		Relationship:	Relationship:						
Family / Friei	na	Phone:	Phone:						
	oformation was submitted by a family m This information is to remain confidenti								
Name (Last, First, M.1.):			Date of Birth						
Marital status: ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed									
DOVOUMATRIO (AMERICA) (TELETICA)									
PSYCHIATRIC / MEDICAL HEALTH HISTORY Psychiatric Diagnosis: Please check all diagnosis that apply									
☐ Anxiety Disorder	□ Depression	☐ Obsessive Compulsive Disorder	☐ Schizoaffective Disorder						
☐ Bipolar Disorder	☐ Dual Diagnosis	☐ Panic Disorder	☐ Schizophrenia						
☐ Borderline Personality Disorder	☐ Eating Disorder	☐ Post-Traumatic Stress Disorder	☐ Other (describe below)						
Comments	3		,						
Other Issues (dates; briefly describe	e)								
☐ Suicide attempts									
☐ Violence									
☐ Alcohol Abuse									
☐ Drug Abuse (List drugs)									
☐ History of (or Potential for) Victimi:	zation by Other Inmates								
☐ History of Sexual Abuse or Trauma	ı.								
Other / Comments									
List Other Medical Problems (E.G	. Diabetes, High Blood Pressure, He	eart Problems, Seizures Etc.)							

Hospitalizations									
Year	Year Reason					Hospital			
List Prescribed Drugs									
Name the Drug		Dosage	Frequency Taken	Time of Day to be Administered	Prescribing Pharmacy (Name and Location)				
Allergie	s / Negative Reactions to	Medications	•						
Name the	e Drug	Describe Rea	action						
Psychia	trist								
Name:									
Address:									
Phone:									
Physicia	ın								
Name:									
Address:									
Phone:									
Previous / Present Capabilities and Interests									
Other R	elevant Information								