

Psychiatric and Medical Information Provided by Family / Friend

Date:

Submitted by:

Relationship:

Phone:

Please note that this information was submitted by a family member or friend of the inmate for informational purposes only. This information is to remain confidential and not to be shared with the inmate

Name (Last, First, M.I.):

Date of Birth

Marital status: Single Partnered Married Separated Divorced Widowed

PSYCHIATRIC / MEDICAL HEALTH HISTORY

Psychiatric Diagnosis: Please check all diagnosis that apply

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Depression | <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Schizoaffective Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Panic Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Borderline Personality Disorder | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Post-Traumatic Stress Disorder | <input type="checkbox"/> Other (describe below) |

Comments

Other Issues (dates; briefly describe)

Suicide attempts

Violence

Alcohol Abuse

Drug Abuse (List drugs)

History of (or Potential for) Victimization by Other Inmates

History of Sexual Abuse or Trauma.

Other / Comments

List Other Medical Problems (E.G. Diabetes, High Blood Pressure, Heart Problems, Seizures Etc.)

