

**INMATE MEDICATION INFORMATION FORM**

**INMATE INFORMATION**

FULL LEGAL NAME OF INMATE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DOB: \_\_\_\_\_ BOOKING #: \_\_\_\_\_  
JAIL LOCATION: TOWER: \_\_\_\_\_ FLOOR: \_\_\_\_\_ POD#: \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

FAMILY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_  
CONTACT SIGNATURE: x \_\_\_\_\_

**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: \_\_\_\_\_

PERSONAL PHYSICIAN: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**JAIL MENTAL HEALTH SERVICES FAX NUMBERS**

**MEN'S FAX: 213-972-4002 MONDAY TO FRIDAY FROM 6:00 a.m. to 5:00 p.m., EXCEPT HOLIDAYS**  
**WOMEN'S FAX: 323-415-1893 MONDAY TO FRIDAY FROM 7:30 a.m. to 4:30 p.m., EXCEPT HOLIDAYS**

**CORRECTIONAL HEALTH SERVICES: FOR AFTER HOURS, WEEKENDS, AND HOLIDAYS FAX: (213)-217-4850**  
**FOR MEDICAL AND/OR MENTAL HEALTH CONCERNS**