

**INMATE MEDICATION INFORMATION**

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

**FAMILY CONTACT INFORMATION**

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

**PSYCHIATRIST/TREATMENT FACILITY INFORMATION**

PSYCHIATRIST/LAST TREATMENT FACILITY: \_\_\_\_\_ DATE OF LAST TREATMENT: \_\_\_\_\_  
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 efficiency): \_\_\_\_\_  
IS SUICIDE A CONCERN? NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, WHY? \_\_\_\_\_

OTHER MEDICAL CONCERNS: \_\_\_\_\_

MEDICAL DOCTOR'S NAME: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MEDICAL BOOKING AREA 408-808-5235  
MAIN JAIL MENTAL HEALTH BOOKING AREA 408-808-5234  
MAIN JAIL MEDICAL CLERICAL AREA 408-808-5236  
ELMWOOD/CCW MEDICAL 408-946-8023  
ELMWOOD/CCW MENTAL HEALTH 408-263-9148