

***INMATE MEDICAL INFORMATION FORM***

**INMATE INFORMATION**

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

**FAMILY CONTACT INFORMATION**

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

CONTACT SIGNATURE: \_\_\_\_\_

**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:

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

Facility	Fax Number
San Diego Central Jail	(619) 615-2450
Las Colinas Detention Facility	(619) 258-3222
Descanso Detention Facility	(619) 659-5549
East Mesa Detention Facility	(619) 661-2722
George Bailey Detention Facility	(619) 661-2797
South Bay Detention Facility	(619) 691-4449
Vista Detention Facility	(760) 940-4533