SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT

INMATE MEDICATION INFORMATION FORM

This form may be completed online or you may print the form and complete it by hand

INMATE INFORMATION

FULL LEGAL NAME OF INMATE: _____ DOB: _____

AKA(S): _____ Booking #: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

INMATE'S HOUSING FACILITY: ☐ WVDC ☐ GHRC ☐ CDC ☐ ADC

FAMILY CONTACT INFORMATION

FAMILY CONTACT NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME TELEPHONE: ( ) - _____ EVENING TELEPHONE: ( ) - _____

CONTACT SIGNATURE: X _____

PSYCHIATRIST / TREATMENT FACILITY INFORMATION

PSYCHIATRIST/LAST TREATMENT FACILITY: _____ DATE LAST TREATED: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: ( ) - _____ FAX: ( ) - _____

MEDICAL INFORMATION

DIAGNOSIS: _____

DAYTIME MEDICATIONS: _____

NIGHTTIME MEDICATIONS: _____

PRIOR UNFAVORABLE MEDICATION EFFECTS (i.e., side effects, poor response or allergies): _____

IS SUICIDE A CONCERN? ☐ NO ☐ YES IF YES, WHY? _____

OTHER MEDICAL CONCERNS: _____

MEDICAL DOCTOR'S NAME: _____ OFFICE PHONE: ( ) - _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

FAX TO BOTH NUMBERS WHEN BOTH MEDICAL AND MENTAL HEALTH CONDITIONS APPLY

Fax Numbers	WVDC	GHRC	CDC	ADC
Jail Medical	(909) 463-5180	(909) 473-2643	(909) 386-0939	(760) 530-9374
Jail Mental Health	(909) 463-5233	(909) 463-5233	(909) 463-5233	(909) 463-5233