(ADULT)

KERN COUNTY MENTAL HEALTH SYSTEM OF CARE

INFORMATION PROVIDED BY FAMILY MEMBER

This form is completed by a family member of the individual served (name)_______________. The form was developed to provide a mechanism to communicate their family member's mental health history pursuant to the provisions of Welfare and Institutions Code 5150.05, which requires mental health staff making decisions about involuntary treatment to consider information supplied by family members.

Name of Individual Served:	
Date of Birth:	Social Security Number:
Religion *(Optional):*	Language:
Address:	
(Street) *(City)*	*(State and Zip)*
Phone Number:	
Medi-Cal: ☐Yes/☐No Medi-Cal No:	Medicare: ☐Yes/☐No
Private Medical Insurer (If applicable)	
Please ask my relative to sign an authorization permitting you to communicate with me regarding his/her care: (If a Release of Information is not signed we are not allowed to share confidential information.)	☐Yes/☐No
I wish to be contacted as soon as possible in case of emergency:	☐Yes/☐No
My relative has a Wellness Recovery Plan or Advanced Directive:	☐Yes/☐No
A copy of the Advanced Directive is attached.	☐Yes/☐No
BRIEF HISTORY OF MENTAL ILLNESS	
At what age did mental illness begin?	
What diagnosis was given to this individual?	
Does this individual use drugs?	☐Yes/☐No
What substances have been taken recently	
Medications: (Use additional pages if necessary)	
Medications individual has taken:	
Medications individual has responded well to:	
Medications which have caused adverse reactions:	
Allergies: (medications, foods, chemical, other)	
Other medical conditions impacting quality of life (e.g. diabetes)	
Treating Physician:	Phone Number:
Case Manager/Therapist:	Phone Number(s):
Current Living Situation:	
Information Submitted By: (print name):	
Relationship to Individual Served:	
Address:	
(Street) (City)	(State and Zip)
Phone:	
Signature:	**Date:**

THIS DOCUMENT MAY BECOME A LEGAL RECORD WHICH MAY BE MADE AVAILABLE TO THE PATIENT.

CURRENT REASONS FOR CONCERN
(PLEASE CHECK ALL THE BOXES THAT APPLY)

INDIVIDUAL EXCLUDES FAMILY WHEN DECOMPENSATING	☐
INDIVIDUAL IS NOT TAKING MEDICATIONS	☐
INDIVIDUAL IS DANGER TO SELF/OTHERS	☐
INDIVIDUAL IS UNDER THE INFLUENCE OF ALCOHOL	☐
INDIVIDUAL IS UNDER THE INFLUENCE OF DRUGS	☐
INDIVIDUAL IS NOT ABLE TO PROVIDE OR UTILIZE ASSISTANCE FOR SHELTER	☐
INDIVIDUAL IS NOT ABLE TO PROVIDE OR UTILIZE ASSISTANCE FOR FOOD	☐
INDIVIDUAL IS NOT ABLE TO PROVIDE OR UTILIZE ASSISTANCE FOR CLOTHING	☐
INDIVIDUAL HAS HISTORY OF NOT CONTINUING MENTAL HEALTH TREATMENT	☐
POLICE CALLED?	☐
SHERIFF CALLED?	☐
MET VISIT?	☐
CSU VISIT?	☐

SUMMARY OF THE RISK

WHAT IS OCCURING NOW?
WHAT HAS LED TO THIS OVER THE PAST TWO OR THREE WEEKS?
HISTORICALLY, WHAT HAPPENDED IN SIMILAR CIRCUMSTANCES THAT CAUSES CONCERN NOW?
WHAT SPECIFIC TREATMENT ACTION DOES FAMILY REQUEST?
WHAT IS YOUR CONCERN IF TREATMENT IS NOT RECEIVED NOW?

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