



**YUBA COUNTY SHERIFF'S OFFICE**  
**INMATE MEDICATION INFORMATION FORM**

**INMATE INFORMATION**

FULL LEGAL NAME OF INMATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DOB: \_\_\_\_\_ BOOKING #: \_\_\_\_\_

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

\_\_\_\_\_

MEDICAL DOCTOR'S NAME: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**JAIL MEDICAL/MENTAL HEALTH SERVICES**  
**FAX 530-749-7938**