NAMI Washington County, OR
National Alliance on Mental Illness

AIC HEALTH INFORMATION FORM

FULL LEGAL NAME OFAIC: _____

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: _____

DOCTORS INFORMATION

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

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

PHONE: _____ FAX: _____

MEDICAL DOCTOR'S NAME: _____ OFFICE PHONE: _____

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

HEALTH INFORMATION

PSYCHIATRIC DIAGNOSIS: _____

MEDICAL DIAGNOSIS: _____

ALLERGIES: _____

MEDICATIONS TAKING (INCLUDING DOSAGE AND FREQUENCY): _____

_____

PHARMACY USED FOR PRESCRIPTIONS: _____

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

_____

OTHER CONCERNS: _____

_____

** Please feel free to provide additional sheets to provide more information or details. **

NAPHCARE MEDICAL SERVICES FAX NUMBER: 503-846-2577

Washington County Jail, 215 SW Adams Ave, Hillsboro, OR 97123