

Alameda County Behavioral Health Care Services
Historical Information Provided by Family Member or Other Interested Party

California Assembly Bill 1424 (2001), now a law, requires all individuals making decisions about involuntary treatment to consider information supplied by family members and other interested parties. **Mental health staff** will place this form in the consumer's mental health chart. Under California and Federal law, consumers have the right to view their chart. The **Family member** completing this form has the right to withdraw consent to release information given by them and have the information regarded as confidential **{Welfare & Institutions Code 5328(b)}**. This form was developed jointly by Alameda County Behavioral Health Care Services, Alameda County Family Coalition, family members, mental health consumers, mental health providers, patients' rights advocates and the judicial system in order to provide a means for family members and other interested parties to communicate the client's mental health history pursuant to AB 1424.

Name of Consumer _____ Date of Birth _____ Phone _____

Address _____

Primary Language _____ Religion _____

Medi-Cal: Yes No Medicare: Yes No

Name of Private Medical Insurer _____

Yes No Please ask the consumer to sign an authorization permitting Alameda County mental health providers to communicate with me about his/her care.

Yes No I wish to be contacted as soon as possible in case of emergency, transfer or discharge.

Yes No The consumer has a Wellness Recovery Action Plan (WRAP) or Advance Directive. (If yes, and a copy is available, attach a copy to form.)

Brief History of mental illness (age of onset, prior 5150's, prior hospitalizations, history of violence, history of self harm, history of unstable living situations)(*Attach additional pages, if necessary*):

Age illness began _____

Prior 5150's? No Yes

If yes, how many _____

Prior hospitalizations? No Yes

If yes, how many _____

Does consumer have a conservator? No Yes Don't know

If yes, name _____ phone: _____

Do you know consumer's diagnosis? No Yes Don't know

Please explain:

Do you know of any substance abuse problem? No Yes Don't know

Please explain:

Current medications (Psychiatric and Medical) _____

Names:

Medications consumer has responded well to:

Medications that did not work for the consumer:

Treating Psychiatrist and Case Manager

Psychiatrist _____ Phone _____

Case Manager _____ Phone _____

Medical

Significant Medical Conditions: _____

Allergies to Medications, Food, Chemicals, Other: _____

Primary Care Physician: _____ Phone: _____

Current Living Situation

- Family Independent
- Homeless Transitional
- Board & Care SIL

Is this a stable situation for consumer?

Information submitted by

Name (print) _____ Relationship to consumer _____

Address _____
(city) (state) (zip)

Phone _____

Signature _____ **Date** _____

A person "shall be liable in a civil action for intentionally giving any statement that he or she knows to be false" (Welfare & Institutions Code, Section 515.05(d)).

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History of Consumer's Decompensation

Please check off symptoms or behaviors that consumer has had in past when decompensating and indicate which ones you are observing with the consumer now.

Symptom or Behavior	Past	Now	Symptom or Behavior	Past	Now
suicide gesture/attempts			weepiness		
suicidal statements			being too quiet		
thinking about suicide			expressing feelings of worthlessness		
cutting on self			afraid to leave the house		
harming self			giving away belongings		
sleeping too much			increased irritability and/or negativity		
not sleeping			laughing inappropriately		
not eating			stopping medication		
suspicious (paranoia)			repetitive behaviors		
fire setting			forgetfulness		
aggressive behavior (fighting)			not paying bills		
threats			taking more medication than prescribed		
irrational thought patterns (not making sense)			failing to go to doctor's appointments		
destruction of property			spending too much money		
sexual harassing/preoccupation			poor hygiene		
hearing voices			overeating		
lack of motivation			impulsive behavior		
anxious and fearful			not answering phone/turning off phone machine		
avoiding others or isolating			talking to self		
talking too much or too fast			substance abuse		
argumentative			homelessness or running away		

Please describe recent history and behaviors that indicate dangerousness to self, dangerousness to others and/or make the consumer unable to care for him/herself.