

**Client Mental Health Information Form**  
**DO NOT USE FOR EMERGENCY CONTACT**  
**If this is a life-threatening emergency, please call 911**

The San Francisco Department of Public Health Community Behavioral Health Services division invites friends and family to provide critical information that may assist in the care of your loved one. However, to comply with federal and state laws that protect the privacy rights of individuals receiving services for mental health or substance abuse issues, we are unable to acknowledge client enrollment in care or to respond to inquiries about clients. Any information you provide may be used to inform your loved ones care.

**CLIENT INFORMATION**

Full Legal Name Of Client: \_\_\_\_\_  
Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSSI #: \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

FAMILY CONTACT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

**PSYCHIATRIST/TREATMENT FACILITY INFORMATION**

PSYCHIATRIST/LAST TREATMENT FACILITY: \_\_\_\_\_  
DATE LAST TREATED: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**MEDICAL INFORMATION**

DIAGNOSIS: \_\_\_\_\_  
NIGHTTIME MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_

PRIOR ADVERSE MEDICATION EFFECTS (i.e. side effects, allergies, poor efficacy): \_\_\_\_\_  
\_\_\_\_\_

IS SUICIDE A CONCERN? NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, WHY? **DO NOT USE THIS FORM DURING AN EMERGENCY.**  
\_\_\_\_\_  
\_\_\_\_\_

OTHER MEDICAL CONCERNS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

The following fax number may receive information 24 hours per day; however, please be advised that review of these materials may take up to several days. DO NOT send information in emergency situations, instead **call 911**. Behavioral Health Access (415) 255-3629

**DO NOT USE THIS FORM TO REPORT AN EMERGENCY**