**Family Information Form**

The Welfare and Institutions Code Section 5150.05 requires those making decisions about involuntary
treatment to consider information supplied by family members or support persons. This form serves to provide a means for family members to communicate about their relative’ s behavioral health history to hospital/outpatient treatment providers and First Responders. After the information has been received and considered, this form will be placed in the client’s medical/psychiatric chart or file.

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| **This information cannot be used to determine eligibility for benefits.** |

**Individual Information**

Name: Preferred Name: Date of Birth: Address:

Phone Number:

Insurance: Medi-Cal yes/no Medicare yes/no Private Insurance Name:

Behavioral Health Care Team Information

Psychiatric Prescriber: Phone Number:

Clinic: Phone Number:

Behavioral Health Clinician: Phone Number:

Regional Center: Case Manager: Phone Number:

Rep-Payee (if on money management) Phone Number:

Type of income/Entitlement:

Conservator: Phone Number:

Diagnosis:

Current medications and dosage:

When were these medications last taken?

Allergies to medications, chemicals, food and other:

Medications that have worked well:

Medications that have not worked well:

History of Mental Health Condition

When did the mental health condition begin?

Prior 5150s:

Prior hospitalizations:

 How has the individual been doing recently? (Describe your observation of individual’s behavior and/or mood)

What stressors or events led to the hospitalization? (Example: loss job; relationship break up; scammed large amount of money)

How long does it usually take for the individual to get to baseline? How would the individual behave at baseline?

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

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| Any medical conditions? If yes, please provide Primary Care Team Information.) |

Please check symptoms or behaviors that the individual has had in the past when decompensating (becoming unstable) and indicate which ones you are observing now.

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| --- | --- | --- | --- | --- | --- | --- |
| **Symptom or Behavior**  | **Past**  | **Now**  |  | **Symptom or Behavior**  | **Past**  | **Now**  |
| Homelessness  |  |  | Suicidal gesture/ attempts  |  |  |
| Avoiding others or isolating  |  |  | Suicide statements  |  |  |
| Afraid to leave home  |  |  | Giving away belongings  |  |  |
| Running away from home |  |  | Stopping medication  |  |  |
| Medication compliant |  |  |
| Crying/Weepiness  |  |  | Substance use/abuse  |  |  |
| Lack of motivation  |  |  | Taking more medication than prescribed |  |  |
| Expressing feelings of worthlessness  |  |  | Irrational thought patterns (not making sense)  |  |  |
| Anxious and fearful  |  |  | Hearing voices  |  |  |
| Talking too much, too fast, too loud  |  |  | Poor hygiene  |  |  |
| Spending too much money  |  |  | Cutting self  |  |  |
| Impulsive behavior  |  |  | Harming self  |  |  |
| Laughing inappropriately  |  |  | Failing to go to doctor’s appointments |  |  |
| Increased irritability or negativity |  |  | Sexual harassing/preoccupation  |  |  |
| Sleeping too much  |  |  | Fire setting  |  |  |
| Not sleeping  |  |  | Aggressive behavior (fighting)  |  |  |
| Not eating  |  |  | Destruction of property  |  |  |
| Repetitive behaviors  |  |  | Making threats of violence  |  |  |
| Forgetfulness  |  |  | Access to weapons |  |  |
| Not paying bills  |  |  |  |  |  |

Wellness Recovery Plan or Psychiatric and/or Medical Advanced Directive: If yes, please attach.

Most recent neuropsychological evaluation or assessment: If yes, please attach.

**Suggestions for Working with this Person**

Tools for gaining trust:

Triggers:

Calming:

Strengths/enjoyment:

\* Please complete as much information as you know & use the space below for additional information.

**Family Request**

**Yes** / **no** Please ask the consumer to sign an authorization permitting behavioral health care provider team to communicate with me about his/her care.

**Yes** / **no** Provided that the proper release has been signed, I wish to be contacted as soon as possible in case of emergency transfer or discharge.

Person Submitting this form: Contact information:

Relationship to individual: 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 5150.05(c)}*

**The Intent of California AB 1424**

On October 4, 2001 Assembly Bill 1424 (Thomson-Yolo D) was signed by the Governor and chaptered into law. The law became effective Jan. 1, 2002. AB 1424 modifies the LPS Act (Lanterman-Petris-Short Act), which governs involuntary treatment for people with mental health disorder in California. The legislative intent of the bill is “that the Lanterman-Petris-Short Act system procedures be clarified to ensure that families are a part of the system response, subject to the rules of evidence and court procedures.”

Upon the signing of AB 1424, several Welfare & Institutions Codes were amended to permit relevant information about the historical course of a person’s mental health disorder from any source to be considered at all stages of the involuntary hospitalization process. For example, Welfare & Institutions Code Section 5150.05 states that, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information about the historical course of the person’s mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.

**Communication with Mental Health Providers about Adult Mental Health Consumers**

Under California and federal law, consumers have the right to view their charts.

The family information is designed to give family members and concerned individuals a way to share the client’s behavioral health history with hospital or outpatient treatment providers and emergency responders. Family members and concerned individuals completing this form also have the right to withdraw consent for the release of the information they provide. Upon withdrawal, the information will be treated as confidential, as outlined in Welfare and Institutions Code Section 5328. The treatment facility is NOT compelled to release any information that originally came in, in confidence, from a family member. [{Welfare and Institutions Code Section 5328(a)(2)]

Treatment providers are encouraged at every level of care to seek authorization from the consumer, so that family members will be involved and informed in their care, and have a special authorization form expressly designed to facilitate communication between treatment teams and family members. Please note how laws concerning confidentiality affect communications between families and mental health providers concerning mental health consumers aged 18 or older:

a. Outpatient Services

California and Federal law require that mental health treatment providers obtain authorization from the consumer before communicating any information to family members.

b. Hospital/inpatient Services

California law requires that hospitals inform families that a consumer has been admitted, transferred or discharged, **unless** the consumer requests that the family not be notified. Likewise, hospitals are required to notify consumers that they have the right to decide against having this information disclosed.

**California and Federal law require that hospital staff obtain an authorization in order to disclose any other kind of information to family members.**

c. Family’s Options

Although mental health treatment providers are constrained in their ability to communicate with families, family members may communicate with treatment teams with or without an authorization from the consumer through the use of this form. Staff will then place this information in the consumer’s mental health chart.