

*If available, this document should accompany the 5150 to the receiving facility.*

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.**