



# Health System

El Dorado County  
[www.edcgov.us/mentalhealth](http://www.edcgov.us/mentalhealth)  
[www.edcgov.us/sheriff](http://www.edcgov.us/sheriff)  
[www.namiel dorado.org](http://www.namiel dorado.org)

## Historical Information Provided by Family Member or Other Concerned 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. **Behavioral Health staff** will place this form in the consumer/client's mental health chart. Under California and Federal law, consumers have the right to view their charts. 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 Section 5328(b)). This form was developed originally by San Mateo County BHRS (and adapted by El Dorado County Health and Human Services Agency Mental Health Division and NAMI of El Dorado County), behavioral health consumers/clients and health providers in order to provide a means for family members and other interested parties to communicate the client's behavioral health history to hospitals/outpatient staff or 911 responders.

Today's Date: \_\_\_\_\_ Name of Person Submitting This: \_\_\_\_\_

Relationship to Consumer/Client: \_\_\_\_\_

<b>Consumer/Client Information</b>	
Name _____	Date of Birth _____
Phone _____	Address _____
Primary Language _____	Religion _____
Medi-Cal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Private Medical Insurer _____	

- Yes  No Please ask the consumer/client to sign an authorization permitting El Dorado County Behavioral Health & Recovery Services 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 and discharge.
- Yes  No Consumer/Client has a Wellness Recovery Action Plan (WRAP) or Advance Directive. (If yes, and a copy is available please attach a copy to this form.)

**Brief history of mental illness** (age of onset, prior 5150s, prior hospitalizations, history of unstable living situations, if applicable -- attach additional pages if necessary)

Age symptoms or illness began: \_\_\_\_\_

Prior 5150's?  Yes  No

If yes, when/where? \_\_\_\_\_

Prior hospitalizations?  Yes  No

If yes, when/where? \_\_\_\_\_

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

If yes, name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of Consumer/Client:** \_\_\_\_\_ **Information submitted by:** \_\_\_\_\_

Do you know the client's diagnosis?  Yes  No  Don't know

Please explain: \_\_\_\_\_

\_\_\_\_\_

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

Please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any family traditions, spiritual beliefs, or cultural concerns that are important to know about?

\_\_\_\_\_

\_\_\_\_\_

Is there anything about your loved one's sexual orientation/gender identity to be aware of?

\_\_\_\_\_

\_\_\_\_\_

Please describe any triggers (events or persons) that can precipitate a crisis:

\_\_\_\_\_

\_\_\_\_\_

**Current Medications (Psychiatric and Medical)**

Name(s): \_\_\_\_\_

Treatments that have helped: \_\_\_\_\_

\_\_\_\_\_

Treatments that did not help: \_\_\_\_\_

\_\_\_\_\_

**Treating Psychiatrist and Case Manager/Therapist**

Psychiatrist: \_\_\_\_\_ Phone: \_\_\_\_\_

Case Manager/Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Significant Medical Conditions: \_\_\_\_\_

Allergies to Medications, Food, Chemicals, Other: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Living Situation**

Family Independent  Homeless  Transitional  Board & Care  Supported Housing

Is this a stable situation for consumer? \_\_\_\_\_

\_\_\_\_\_

Name of Consumer/Client: \_\_\_\_\_

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

Symptom or Behavior	Past	Now
Homelessness or Running Away		
Avoiding Others or Isolating		
Not Answering Phone/Turning Off Voicemail		
Afraid to Leave Home		
Being Too Quiet		
Crying/Weepiness		
Lack of Motivation		
Expressing Feelings of Worthlessness		
Anxious and Fearful		
Talking Too Much, Too Fast, Too Loud		
Spending Too Much Money		
Impulsive Behavior		
Laughing Inappropriately		
Argumentative		
Sleeping Too Much		
Not Sleeping		
Not Eating		
Over Eating		
Repetitive Behaviors		
Forgetfulness		
Not Paying Bills		

Symptom or Behavior	Past	Now
Suicidal Gesture/Attempts		
Suicide Statements		
Thinking About Suicide		
Giving Away Belongings		
Stopping Medication		
Substance Use/Abuse		
Taking More Medication Than Prescribed		
Irrational Thought Patterns (Not Making Sense)		
Hearing Voices		
Poor Hygiene		
Cutting Self		
Harming Self		
Failing to go to Doctor's Appointments		
Sexual Harassing/Preoccupation		
Fire Setting		
Aggressive Behavior (Fighting)		
Destruction of Property		
Increased Irritability and/or Negativity		
Making Threats of Violence		

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

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**Information Submitted By:**

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip

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))*

## 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 illness in California. The legislative intent is as follows:

Many families of persons with serious mental illness find the Behavioral Healthcare System difficult to access and not supportive of family information regarding history and symptoms. Persons with mental illness are best served in a system of care that supports and acknowledges the role of the family, including parents, children, spouses, significant others, and consumer-identified natural resource systems. It is the intent of the Legislature that behavioral health procedures be clarified to ensure that families are a part of the system response, subject to the rules of evidence and court procedures.

More specifically, AB 1424 requires:

- that the historical course of the person's mental illness be considered when it has a direct bearing on the determination of whether the person is a danger to self/others or gravely disabled;
- that relevant evidence in available medical records or presented by family members, treatment providers, or anyone designated by the patient be considered by the court in determining the historical course;
- that facilities make every reasonable effort to make information provided by the family available to the court; and
- that the person (a law enforcement officer or designated mental health professional) authorized to place a person in emergency custody (a "5150") consider information provided by the family or a treating professional regarding historical course when deciding whether there is probable cause for hospitalization.

## Communicating with Behavioral Health Providers about Adult Mental Health Consumers

El Dorado County Behavioral Health & Recovery Services recognizes the key role families play in the recovery of consumers receiving our services. We encourage providers at every level of care to seek authorization from the consumer/client so that family members will be involved and informed in their care. In fact, we have a special authorization form expressly designed to facilitate communication between treatment teams and family members. We hope the summary below clarifies how laws concerning confidentiality affect communications between families and mental health providers concerning mental health consumers aged 18 or older.

### Outpatient Services

- California and Federal law require that behavioral health providers obtain authorization from the consumer before they are able to communicate with family members, even to reveal that person is a client. Behavioral health providers can, however, listen to and receive information from family members.

### Hospital Services

- California law requires that hospitals inform families that a consumer/client has been admitted, transferred, or discharged unless the consumer/client requests that the family not be notified.
  - Hospitals are required to notify consumers they have the right not to provide this information.
- California and Federal law require that hospital staff obtain an authorization to disclose anything else to family members.

### What the family can do

- Although behavioral health 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.
  - Family members and other interested parties can use this form to provide information about the consumer to hospital or outpatient staff. Staff will place this information in the consumer/client's behavioral health chart. Under California and Federal law, consumers have the right to view their chart. The Family Member completing the AB 1424 form has the right to withdraw consent to release information given by them and have the information regarded as confidential.
  - Although the treatment team may not be able to disclose information to the family member, they are free to consider any information the family provides.