

**Form 1.**

List the history of **all** the hospitalizations and/or incarcerations which have taken place for your loved one:

**Mental Health History**

- Date of hospitalization; Name of hospital; Address of hospital; Contact person at the hospital with phone number; Treating doctor's name; Diagnosis; Medications prescribed
- Example: Feb 23-30, 2009; Treat Me Well Hospital; 777 Need Help Street, Anywhere, CA.; Dr. Rational Thinker (333-444-5555); Schizophrenia; 3 mg of Seroquil, 10 mg of Risperdal

Only list the information which you know as you are not expected to have access to all of your loved ones medical history. If you are missing information, this is fine. Do the best you can. Do not list any other information on this page.