

Florida Department of Children and Families – County Jail Discharge/Transfer Form

INSTRUCTIONS: To be completed by the jail nurse/medical personnel prior to an individual's transport to a state mental health treatment facility.

Patient Name: _____ AKA's: _____

Referring Facility/Jail: _____ Receiving Facility: _____

Date of Admission to Referring Facility/Jail: _____ Today's Date: _____

Medical History:

1. Diagnosis: Axis I _____ Axis II _____ Axis III _____

2. Current Medications:

Name of Medication	Dosage	Frequency	Lab Values	Taken Today	Time

3. Significant non-mental health medical issues (dialysis, allergies, surgical procedures). _____

4. Follow-up medical treatment pending? _____

Significant events in the past month? Yes _____ No _____ (Describe): _____

Precautions: _____

Management Suggestions/Special Needs: _____

Check List:

- Current Court Order
- Arrest record/affidavit
- Indictment indicating correct charge(s)
- Community evaluator reports
- Clinical/psychiatric progress notes from jail
- Visitor information if available
- Transport Order
- Resident/patient property inventory
- Resident Money

Medical Check List:

- PPD Current
- HIV Status
- Hepatitis Report

Signature: _____

Title: _____

Date: _____

Phone Number: _____