



## Jennings County Mental Health Awareness Information Form

### Name of Subject:

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

### Mental Health Diagnosis:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

### Alert Safety Information:

- |                               |   |   |
|-------------------------------|---|---|
| 1. Risk to Self               | Y | N |
| 2. Risk to Others             | Y | N |
| 3. Likely to Resist Authority | Y | N |
| 4. Combative                  | Y | N |

### TRIGGERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Mental Health Provider:

Name: \_\_\_\_\_

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

Attach Photograph