

Priority
FAX TRANSMITTAL

To **PES** Fax # **573-2489**

or **3AB** Fax # **573-2411**

Date _____

Time _____

From _____

Phone _____

“CONFIDENTIAL PATIENT INFORMATION:
See California Welfare and Institutions Code
Section 5328.”

COMMENTS: The information contained in this FAX transmission is confidential and may be privileged and exempt from disclosure under applicable law. This information is intended only for the use of the individual or entity to which it is addressed. If you are not the intended recipient, or the agent of employee responsible to deliver it to the intended recipient, you are hereby notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received the FAX transmission in error, please immediately notify us by telephone and return the original message by mail to the address above (postage available, upon request). Thank you.

Priority

"CONFIDENTIAL PATIENT INFORMATION:
See California Welfare and Institutions Code
Section 5328."

San Mateo County Mental Health Outpatient Clinic/Specialty Team

To _____

From _____ Phone# _____

Pertinent Clinical Information

Client Name _____ Client MH # _____

Case Manager/Therapist _____ Phone # _____

Treating Psychiatrist _____ Phone # _____

Current Medication(s) _____

Others Staff/Teams Involved _____

Last Date of Service _____

Current Issues

Social _____

Housing _____

Health Services _____

Psychiatric _____

Recommendations

Current Presenting Problem _____

Discharge Plan _____

