

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."

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Priority

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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 _____

