



# San Mateo County Health System Behavioral Health and Recovery Services

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

## Clinical Summary for GGRC Clients Mentally Incapable of Giving Consent

CLIENT NAME \_\_\_\_\_ CLIENT MH# \_\_\_\_\_ -

MH PROVIDER \_\_\_\_\_ Provider Contact Number \_\_\_\_\_

GGRC CASE MANAGER \_\_\_\_\_

Diagnosis:    **AXIS I**            \_\_\_\_\_

**AXIS II**            \_\_\_\_\_

**AXIS III**            \_\_\_\_\_

**AXIS IV**            \_\_\_\_\_

**AXIS V**            \_\_\_\_\_

**GAF**                 \_\_\_\_\_

**Brief Identifying Information and Case Summary** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Current Medications (Please fill out all areas including indication.)

Medication	Dose	Administration	Indication

Primary Care Provider \_\_\_\_\_ Last Physical Examination \_\_\_\_\_

Past Medical History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_ Current Weight \_\_\_\_\_ Most Recent Labs \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

Reviewed by:

\_\_\_\_\_  
MH Provider Signature & License                      Date

\_\_\_\_\_  
GGRC Medical Director Signature                      Date