Click on the **Inmate Mental Health Information Form**, on this web page. Print and complete the form and either fax it or mail it to Richard J. Donovan Correctional Facility.

- Fax number: (619) 671-7585
- Address:

  Dr. Rick Bjorklun, Chief Psychologist
  Richard J. Donovan Correctional Facility
  P.O. Box 79906
  San Diego, CA 92179

If this form is not available, you can still provide us with information about your family member's mental health and medical history. When sending information to North Kern State Prison, please include as much as you can of the following information regarding your family member:

- Full name
- Date of birth
- Diagnosis (include both current and past diagnoses if possible)
- Psychiatrist/ psychologist/ counselor's phone number and address
- Medications currently prescribed (along with dosage)
- Prescribing physician's name, address and phone number
- Problems with medications in the past
- History of suicide attempts/threats: provide a description of events if you can
- Your concerns about the possibility that the inmate might harm himself
- History of psychological difficulties, other than self-harm
- Any other urgent medical conditions that might require immediate attention – include doctor's names, addresses and phone numbers if you have those available to you

The mental health and medical information you provide is tremendously valuable in making an assessment and will help mental health staff at North Kern State Prison select the best treatment for your relative. There is a clear preference for maintaining effective current treatment. However, the prison staff must conduct its own assessment of your relative's condition and may not necessarily prescribe exactly the same medications.

Richard J. Donovan Correctional Facility is prohibited by law from giving anyone information about an inmate's mental or physical health unless they have consent from the inmate. However, the staff can receive information from relatives or friends without consent. The inmate will have access to the information you provide on this form. **The background information you provide can be extremely helpful for your loved one, who may have difficulty providing accurate information regarding his mental health concerns.**