

---

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF UTAH**

---

\_\_\_\_\_  
UNITED STATES OF AMERICA

Plaintiff,

v.

\_\_\_\_\_  
Defendant.

**Court Medication/Medical  
History Disclosure**

Case No. \_\_\_\_\_

Magistrate Judge \_\_\_\_\_

---

Name \_\_\_\_\_ DOB \_\_\_\_\_

---

|           |  |   |  |
|-----------|--|---|--|
| <b>1.</b> | Do you have any illnesses, or other conditions requiring medication?<br>If yes, who is your doctor?<br>What Pharmacy do you use? | <input type="checkbox"/> <b>Yes</b><br><br><input type="checkbox"/> <b>No</b> |  |
| <b>2.</b> | Have you had any recent illnesses or injuries?   | <input type="checkbox"/> <b>Yes</b><br><br><input type="checkbox"/> <b>No</b> |  |

|    |   |   |  |
|----|---|---|--|
| 3. | <p>Have you been on SSI for mental health reasons?</p>  | <input type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b> |  |
| 4. | <p>Have you been diagnosed with a mental illness? If yes, which one(s)?</p>                                 | <input type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b> |  |
| 5. | <p>Do you see a MH professional currently? (Therapist, psychiatrist, counselor, etc.) If Yes, Who? Why?</p> | <input type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b> |  |

|    |  |   |  |
|----|--|---|--|
| 6. | <p>Have you ever been treated in a psychiatric unit at a hospital? Where and When?</p>               | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |  |
| 7. | <p>Are you currently taking any psychiatric medications? Please list and note where filled last.</p> | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |  |
| 8. | <p>Are you currently suicidal? Do you have a desire to sleep and never wake up or want to die?</p>   | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No |  |

|     |   |   |  |
|-----|---|---|--|
| 9.  | Have you attempted suicide in the past? If Yes, When? How? Why?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |
| 10. | Is there any other information that I should know that is important for your health while you are incarcerated? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  |

Date received: \_\_\_\_\_ Date given to USMS: \_\_\_\_\_

Prepared by: \_\_\_\_\_



