



# HealthPAC

## Health Program of Alameda County

### Specialty Behavioral Health Referral - Patient Health Summary Form

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ HealthPAC ID#: \_\_\_\_\_

Clinic ID or MR#: \_\_\_\_\_

Current Health Conditions:	
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**Current Medications (include behavioral and physical meds)**

Med Allergies: \_\_\_\_\_

Medication Name	Strength	Frequency	Purpose	Prescriber