MISSISSIPPI STATE HOSPITAL
P.O. BOX 157-A, WHITFIELD, MS 39193 (601) 351-8000 WWW.MSH.STATE.MS.US
James G. Chastain, FACHE
Director

Forensic Services Patient Information Form (PIF)

Defendant Name:_____ **Date of Birth:**_____

SSN:_____ **Race/Sex:**_____ **Marital Status:**_____

County of Commitment:_____ **County of Residence:**_____

Pending Charge(s)/Case Number(s): _____

_____

Extent of contact with defendant: _____

_____

Date of Last contact: _____

Observations/Information regarding the need for clinical evaluation, including specific difficulties in communicating with the defendant: _____

_____

_____

_____

_____

_____

If applicable, what circumstances surrounding the alleged offense led you to believe the defendant's mental state is an issue:

_____

_____

_____

_____

Previous convictions/legal contacts information: _____

_____

_____

_____

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Previous psychiatric treatment location(s):_____

_____

_____

Previous psychiatric diagnoses:_____

_____

Education level:_____

_____

Any other relevant information:_____

_____

_____

_____

NEXT OF KIN:
Name/Relationship:_____

Phone Number:_____

If possible, please provide the name and number of two family members/friends who are willing and able to provide additional information regarding the patient's history of mental illness or disability.

Name/Relationship:_____

Phone Number:_____

Name/Relationship:_____

Phone Number:_____

Defendant's current location (Circle One) **Detention Center** **On Bond**

Please return this form and pertinent records/previous evaluations you have by secure email to Forensic Services at: forensic.orders@msh.ms.gov or by fax to 601-351-8570.