SMICA
SERIOUS MENTAL ILLNESS
CALIFORNIA ADVISER

DSH Care Communication Guide

Families and caregivers are important partners in the treatment process. This guide is designed to promote communication between families/caregivers and DSH.

How to Use This Document

This document helps communicate information about your loved one's mental health history and needs with their care team. This may include DSH doctors, nurses, social workers, and other care providers.

- Fill in what you know – skip anything you are not sure about or ready to share.
- Update it over time as care or needs change.
- There are no right or wrong answers.

Demographic Information

Name of your loved one (Patient):	
Loved one's (Patient) date of birth:	
Emergency contact: *Think about 1-2 family members/caregivers for your loved one. List their name and phone number for possible contact.*	
Name of person completing the guide & relationship to Patient:	
Date guide completed:	

Background Information & History

Strengths, interests, and supports: *What are your loved one's (Patient) strengths, interests, or goals?*	*Example: Patient wants to get better and is good at painting. Patient has a big family and a history of long friendships.*
Mental health history and past diagnoses: *Please include any mental health information that may be helpful. Any prior history of psychiatric hospitalization?*	*Example: Patient was diagnosed with depression at age 22 and schizophrenia at 24 by a previous psychiatrist. Patient was hospitalized three times. Patient sometimes struggles with hearing voices and racing heartbeat.*
Medical history: *Please include any medical issues that may be helpful. Any accidents, head injuries, loss of consciousness, or severe illnesses in their life?*	*Example: Patient was involved in a serious car accident at the age of 19. Patient recently fell and hit their head near the park a few weeks ago.*

Medication history: *Medication history, including non-psychiatric medication and allergies could be helpful information for DSH staff*	*Example: Patient was taking an anti-depressant between 2022 and 2024 that helped with mood but caused weight gain. Patient stopped taking the anti-depressant December 2024. Patient may be allergic to [x] medication.*
Substance/alcohol history: *Has your loved one used substances or alcohol in the past? How old was your loved one when they first used substances?*	*Example: Patient has a history of drinking and has a history of using some illicit substances. From what I remember, Patient may have used [x] substance in the past.*
Trauma history: *Has your loved one experienced any events that have been difficult or overwhelming?*	*Example: Patient often saw parents fighting verbally and physically.*
Triggers, stressors, and warning signs: *What things tend to make your loved one's mental health worse? Are there any past safety concerns, crisis situations, or behaviors that staff should know about? What helps during a crisis?*	*Example: Loud arguments, feeling ignored, and news about violence. Being talked down to by authority figures can be very difficult for the Patient to manage. Warning signs include isolating/wanting to be alone, sleeping more, and not showering.*
Daily routines, preferences, and support needs: *Any daily activities or routines? Any areas where additional support is needed?*	*Example: Smoking cigarettes, spending time outside, and watching television. Patient may need help with eating regularly.*
Communication preferences: *What could make communication easy between your loved one and DSH staff?*	*Example: Please call Patient by their nickname [x] only. Please do not use Patient's full first name in conversation. Patient's primary language is English, but our family speaks Spanish. Please try to have an interpreter present at appointments, if possible.*
Cultural, language, spiritual or religious considerations: *Are there cultural or spiritual beliefs that DSH could be aware of?*	*Example: Patient's family is very conservative and has strong views about discussing mental illness. Patient grew up in a strict, religious household. Hearing about religion may also be a trigger for Patient.*

Family history: *Any family history of mental illness or substance/ alcohol abuse, suicide, gang involvement?*	*Example: Patient's mother was a heavy drinker, and Patient's father had an anxious, angry personality. Patient may have had gang involvement in late teens.*
Educational history: *What is your loved one's highest level of education, history of special education, learning disabilities?*	*Example: Patient completed high school and one year of college. Patient attempted to start vocational training for plumbing a few years ago. Patient had a speech therapist when they were young.*
Calming and coping strategies: *What can be done to soothe or calm your loved one?*	*Example: Taking a walk, listening to music, and drawing*
General thoughts or concerns: *Anything else you want to ask or share? Would you like more information about completing a release of information form?*	*Example: What are the next steps for my loved one? What is the process for sharing information about my loved one with me or other contacts?*

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