NAMI Brown County
National Alliance on Mental Illness

Family to Family Class

Telephone Contact

Name:	
Street:	
City:	
Telephone:	Home: Work:
Best Time to Call:	
Email:	
Family Member Name:	
Relationship:	
How Long Ill?	
Diagnosis:	___ Schizophrenia ___ Obsessive Compulsive Disorder ___ Major Depression ___ Bipolar Disorder ___ Panic Disorder ___ Other ____
Symptoms and other related information:	___ Hallucinations ___ Auditory ___ Visual ___ Other________________ ___ Delusions ___ Hospitalizations
Where is relative living:	___ At Home ___ Apartment ___ Group Home ___ Other ____________ City: ________________________________
Follow Up:	
Family Visit Time:	
Additional Information:	