**Company Name**

**Psychotropic Medication/Restrictive Intervention**

**Behavior Tracking Form**

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| **Consumer Name:** | | **Services: □**  **Day Services □ Residential Services** | **Month/Year:** |
| **Diagnosis:** |  | | |

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| **Psychotropic Medication(s) Prescribed for behaviors:** |
| **Psychotropic Medication(s) Prescribed for diagnosis:** |

**DIRECTIONS:** In the column for the appropriate day of the month, note the number of times a targeted behavior was observed for each severity level using the severity level key.

Please use the calendar on the back side of this sheet to calculate and/or keep track.

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| **Targeted Behavior** | **SL** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **Medication** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SEVERITY LEVEL KEY: 1) Severe-**Evacuation of others for safety  **2) Moderate-**Anxiety leading to assaulting others **3) Mild**-Increased anxiety/resisting redirection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Restrictive Intervention:** Physical guidance to a safe space | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hitting, biting, kicking, pushing others | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SEVERITY LEVEL KEY: 1) Severe-**Injury requiring medical attention  **2) Moderate-**Injury breaking the skin/bleeding **3) Mild**-Biting, hitting self | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Restrictive Intervention:** Physical guidance to a safe space | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Biting, hitting self | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SEVERITY LEVEL KEY: 1) Severe-**Continuation after redirection **2) Moderate-**Yelling, cussing, threats, upsetting others **3) Mild**-Making foul comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Restrictive Intervention:** Asked to leave DS**,** Contact with Law Enforcement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yelling, cussing, threatening others | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SEVERITY LEVEL KEY: 1) Severe- 2) Moderate- 3) Mild** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Restrictive Intervention:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SEVERITY LEVEL KEY: 1) Severe- 2) Moderate- 3) Mild** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Restrictive Intervention:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Staff Initials |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*\*All Severe and some Moderate behaviors require an incident report. \*\*ALL PRN MEDICATION MUST HAVE GUARIDAN PERMISSION BEFORE ADMINISTRATION**

CONSUMER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Staff Initials | Staff Signature | Staff Initials | Staff Signature |
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