



PHILIPPIANS 4:13 +

## Psychiatry Appointment Form

Participant's Name: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Date of Appt: \_\_\_\_\_ Physician's Address: \_\_\_\_\_

**Provide physicians with a medication list.** Medications reviewed by physician:  Yes  No

**List effectiveness & side effects of meds (404 NAC 4.002.04.8a).** Side effects reviewed by physician:  Yes  No

**List GER data for the last month (404 NAC 4.002.04.8b).** Data reviewed by physician:  Yes  No

**List Behavior Tracker data for the last month (404 NAC 4.002.04.8b).** Data reviewed by physician:  Yes  No

**List BSP progress for the last month (404 NAC 4.002.04.8c).** Progress reviewed by physician:  Yes  No

**Describe Plan [Physician's Use]**

**Restrictive Psychotropic Medication List:** List the psychotropic medications prescribed to modify behavior without a clinically diagnosed medical condition or mental disorder.

Medication Name	Dose	Target Behavior	Changes to Therapeutic Dose

Follow up needed:  Yes  No When/What: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_