



PSYCHIATRIC VISIT DOCUMENTATION

Purpose: Use this form to document a child's psychiatric visit for evaluating the appropriateness of starting or continuing a medication. This form is used to document the discussion between the child's prescribing healthcare professional and the child's caregiver or medical consentor, in accordance with RCCL Minimum Standard §749.1603 and TFC §266.0042.

Directions: The child's caregiver or medical consentor completes Section A and provides the form to the prescribing healthcare professional to complete during the psychiatric evaluation. Once completed, the child's caregiver or the medical consentor returns the form to the caseworker. The form is then filed in the child's external paper case record for the life of the record.

SECTION A: COMPLETED BY CAREGIVER OR MEDICAL CONSENTER

CHILD'S INFORMATION

Child's Name:	Date of Birth:	Date of Examination:
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Reason for visit:

Is the patient allergic to any drugs or foods? No Yes, specify:

Is the patient currently taking any medication? No Yes, specify:

SECTION B: COMPLETED BY PSYCHIATRIC PROVIDER

PROVIDER'S INFORMATION

Provider's Name:

Provider's Address:

Telephone Number:

REASONING FOR STARTING OR CONTINUING MEDICATION

Child's Diagnosis:

Nature of child's mental illness or condition:

Purpose of the medication:

Benefits expected from taking the medication:

Description of accompanying discomforts and risks, including those which could result from long-term use of the medication and possible side effects, including side effects that are known to frequently occur in persons, side effects to which the child may be predisposed, and the nature and possible occurrence of irreversible symptoms:

Are there generally accepted alternative medications and non-pharmacological interventions to the medication?

No Yes, specify:

What are the reasons for choosing this medication as the proposed course of treatment and not an alternative?