BALANCING TEST – PROGRAM PORTION

(REQUIRED FOR PSYCHOTROPICS)

Individual: _____

Physician: _____ Date of Review: _____

Does individual have a formal behavioral program: ☐ Yes ☐ No (if yes, please attach)

Description of symptoms/behaviors

Current psychotropic medications*	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

complete list of current medications or MAR attached? ☐ ***Yes*** ☐ ***No***

Date of last visit:_____ Briefly describe behavioral trends since last visit. (Increase? Decrease? No change? Include frequency data if applicable. Attach graphs or summary of behavioral incidents if available.

Any side effects of medication observed? Briefly describe:

Environmental or other factors believed to impact behavioral data (staff changes, illness, etc.)? Briefly describe:

Questions for physician:

Signature of staff completing this form:_____

BALANCING TEST – PHYSICIAN PORTION

Diagnosis for which medication is prescribed:

Summary of visit/recommendations:

New/Modified Physician Orders

Medications	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return visit date: _____

I understand that:*

1. The provider supporting this individual in their foster home is required to present me with a full and clear description of the behavior or symptoms of the condition to be treated by the psychotropic medication and information on any observed side effects. If needed, the information requested may be include the frequency, intensity, and circumstances around the symptoms.

2. The federal Centers of Medicare and Medicaid (CMS) expect judicious use of psychotropic medications in order to avoid chemical restraints. I have reviewed the information given to me and believe the use of this medication is in the best interests of this individual.

Health Care Providers Signature: _____ Date:_____

**Oregon Administrative Rules (OAR's) requires the foster provider to have the health care provider's signature on this statement prior to the use of psychotropic medications and annually thereafter for ongoing use of the medication.*