

BALANCING TEST –PROGRAM PORTION
(REQUIRED FOR PSYCHOTROPICS)

Individual: _____

Physician: _____

Date of Review: _____

Does individual have a formal behavior 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

<u>Medications</u>	<u>Dosage</u>	<u>Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Health Care Provider's Signature Date

**Oregon Administrative Rule 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.*