

PHN Psychotropic Medication Monitoring Review Form

To be completed by PHN or Court Supervisor

Minor Information					
19 Digit Case#:		Age:	SW Name:		
Psych MD:			Date Seen:		
Group Home	Foster Home	Relative	Special Education?	Yes	No
				Unknown	
CHDP Physical: _____			Current Medications not listed on the JV220A:		
<u>Findings:</u>			1. _____		
_____			2. _____		
_____			3. _____		
_____			4. _____		
_____			5. _____		
Medications in the absence of behavioral interventions?		Lab parameters monitored?		Multiple medications within the same class?	
Yes No		Yes No		Yes No	
PHN Findings and Recommendations					
<p>After review of the above referenced child's JV220A and Health and Education Passport, the reviewing PHN recommends submission to the Court.</p> <p>SW needs to submit Ex Parte</p>					
After review of the above referenced child's JV220A and Health and Education Passport, the reviewing PHN has identified the following risk factors with the prescribed treatment:					
The child is receiving psychotropic medication in the absence of behavioral interventions; child is receiving <i>only</i> Medication as treatment.					
The child is receiving a psychotropic medication that is outside the limits of standard dosing.					
The child is receiving multiple medications of the same class of drug (i.e. two or more anti-depressants).					
Blood work, EKG and other pertinent labs are not being monitored.					
The child has been prescribed a medication with a side effect of weight loss and the child is currently at or below the 5 th percentile for his/her height and weight ratio.					
The child has been prescribed a medication with a side effect of weight gain and the child is currently at or above the 90 th percentile for his/her height and weight ratio.					
Other:					
Staffing set with SWS in regards to JV220A.			Date of Staffing:		
PHN Recommendations: _____					

Date Submitted to CWS Court Clerk:					
Type or print name of CWS PHN or SWS		Signature		Date	

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