

Court Summary – Psychotropic Medications

Current diagnosis: _____
 Current diagnosis date _____
 Evaluator name: _____
 Second opinion evaluator: _____

Consent to medication: Date: _____
 Mother with capacity to consent
 Statutorily father with capacity to consent
 Legal Guardian
 Youth if age 12yrs or older

Medication Chart:
 Is caregiver compliant with medication course:
 YES
 NO

Medication	Dosage	Frequency	Youth Compliance

List changes to medications/dosages/frequency since last hearing:

Medication	Dosage	Frequency	Youth Compliance

Date of next medication check-up: _____

Was youth informed by physician of the medications recommended for treatment? _____
 Youth informed of potential side effects and benefits of medication? _____
 Youth's response to recommendation? _____

 Parent/Guardian/Caregiver informed of potential side effects and benefits of medication? _____

 Parent/Guardian/Caregiver's response to recommendation?

Medical Follow-up procedures:
 Lab-work ordered: _____
 Medication requiring lab-work: _____
 Results of lab-work: _____

Additional/alternative treatment options discussed/recommended?
 List options:

 Date these recommendations have/will begin: _____
