



PSYCHOTROPIC MEDICATION INFORMED CONSENT FACILITATION

This form must be completed by the Case Manager for all cases where a child in out-of-home care is seeing a physician for the purposes of assessing a need for a prescription of psychotropic medication for any reason. This completed form must be submitted to CLS with the CLS Psychotropic Medication Packet immediately upon completion.

I, _____ (print Case Manager's name), certify that I have taken the following steps necessary to facilitate the inclusion of a parent or guardian, whose parental/guardian rights are intact, in the child's consultation with the prescribing practitioner:

Section 1:

I successfully contacted the following parent or guardian advising them of an appointment with a physician regarding the prescription of psychotropic medication to their child in out-of-home care. **If parent or guardian is unable to be contacted, skip to Section 3.**

Name of parent or guardian contacted: _____ Date of contact: _____

AND

I provided the parent or guardian with the following information regarding the appointment with the physician:

Phone Conference Information: Name of Physician: _____
Phone Number: _____ Date/Time to Call: _____

OR

Face-to-Face Meeting Information: Name of Physician: _____
Physician's Address: _____
Date/Time: _____

Transportation Information: *(describe efforts to assist parent/guardian with transportation to appointment with physician)*

AND

Section 2:

Parent agreed to attend the face-to-face meeting with the physician or to call the physician.

OR

Parent refused to attend the face-to-face meeting with the physician or to call the physician.

Section 3:

The parent or guardian of the child is unknown and, as a result, informed consent will not be obtained.

OR

I was unsuccessful in my attempts to advise a parent or guardian of an appointment with a physician regarding the prescription of psychotropic medication to their child in out-of-home care. I took **ALL** of the following steps to attempt to contact the parent or guardian:

I sent written information concerning the need of the parent/guardian to provide express and informed consent for the prescription of psychotropic medication to their child to the last known address of the parent or guardian on the following occasion:

1) _____

AND

I called the parent or guardian at the last known telephone/cell number and left messages when possible to ensure parental awareness of the need to provide express and informed consent for the prescription of psychotropic medication (s) on the following occasions:

1) _____

2) _____

3) _____

4) _____

Signature of Case Manager: _____ Date: _____