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|  PSYCHOTROPIC MEDICATION MONITORING DATA REPORT |
| Name:       Report completed by (name and title):      Distribution date:       | Date of report:      Type of report (i.e. quarterly):       |
| To: [ ]  Person served [ ]  Legal representative [ ]  Case manager [ ]  Other:  |
| **Current psychotropic medications**

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| --- | --- | --- | --- |
| **Psychotropic medication name** | **Dose** | **Purpose/classification** | **Target symptom** |
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| **Documentation/data collection method:**        |
| **Medication and symptom-related data**

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| --- | --- | --- |
| **Month** | **Data** | **Notes** |
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