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