IN Voluntary Antipsychotic REPORT

PATIENT NAME (Last, First)  DOC NUMBER  DATE

FACILITY/UNIT  TREATING PSYCHIATRIC PRACTITIONER/MENTAL HEALTH PROFESSIONAL

☐ 14-Day Hearing (Date emergency antipsychotics started, if relevant: ____________)  ☐ 180-Day Hearing

BASIS FOR REFERRAL

☐ Danger to Self  ☐ Danger to Others  ☐ Destructive to Property  ☐ Grave Disability

Only if none of the above apply: ☐ Failure to continue involuntary medication is highly likely to result in return to Danger to Self, Danger to Others, Destructive to Property, and/or Grave Disability (explain the historical basis for this in the following sections).

DISTURBED BEHAVIORS OBSERVED / MENTAL CONDITION: (Check all that apply and describe.)

☐ Signs of Mental Illness

☐ Danger to Self

☐ Danger to Others

☐ Destruction of Property

☐ Grave Disability

MEDICATION HISTORY (Voluntary and Involuntary)

METHODS USED TO ENCOURAGE VOLUNTARY MEDICATION. (e.g., encouragement, incentives, education).

- Date and describe each intervention used.
- Include a description of the patient's response.

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<th>METHOD</th>
<th>DESCRIPTION OF METHOD AND RESPONSE</th>
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### RECOMMENDED TREATMENT – ANTIPSYCHOTIC MEDICATION(S)

Please describe the “less intrusive” treatment alternatives that were considered / attempted.

### PROGNOSIS

Prognosis on antipsychotic medication:

Prognosis off antipsychotic medication:

### CURRENT DIAGNOSES (DSM-5) – List primary first

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State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.