



INVOLUNTARY 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.

DATE	METHOD	DESCRIPTION OF METHOD AND RESPONSE



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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

TREATING PSYCHIATRIC PRACTITIONER/MENTAL HEALTH PROFESSIONAL SIGNATURE

DATE

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.