

# Health and Medication Monitoring

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Medical       Routine

Name of Doctor/Counselor/Nurse/Technician: \_\_\_\_\_

Reason for Appointment: \_\_\_\_\_

Action Taken/Tests Completed: \_\_\_\_\_

Conclusion/Treatment: \_\_\_\_\_

Follow-up required?     Yes     No    Time Frame: \_\_\_\_\_

Blood Draws needed?     Yes     No    Frequency: \_\_\_\_\_

Medications Prescribed:     New     Change     Discontinue

Dosage/Time Table: \_\_\_\_\_

Special Dietary Instructions: \_\_\_\_\_

\_\_\_\_\_  
Doctor/Counselor/Nurse/Technician Signature

\_\_\_\_\_  
Date

**Per OAC 5101:2-5-13(A)(29) (draft), the following information must be provided regarding any psychotropic medication(s) for approval by LCDJFS:**

Habituating Nature: \_\_\_\_\_

The nature of this child's mental and physical condition: \_\_\_\_\_

The expected beneficial effects on his/her condition as a result of treatment with the medication(s) and alternative treatments: \_\_\_\_\_

Probable consequences of not taking the medication(s); including: occurrence or increase in recurrence of mental health symptoms: \_\_\_\_\_

The relevant side effects of the medication(s) being prescribed including:

(a) Any side effects which are known to frequently occur in most individuals: \_\_\_\_\_

b) Any side effects to which this child may be predisposed: \_\_\_\_\_

(c) The nature and possible occurrence of potentially irreversible side effects: \_\_\_\_\_

(d) Any "Black Box" warnings of any medication prescribed: \_\_\_\_\_

\_\_\_\_\_  
Matthew Battiato, Director LCDJFS

\_\_\_\_\_  
Date