

County Report on Psychotropic Medication

Clerk stamps date here when form is filed.

The social worker or probation officer must file this form for any hearing for which the court is providing oversight of psychotropic medications. This includes all scheduled progress reviews on orders authorizing psychotropic medication and every status review hearing. If you are filing this form for a status review hearing, file it with the status review hearing report. If you need more space for any of the items, write the item number and additional information on page 4 of this form. If you need more space than page 4, attach a sheet or sheets of paper. If you do not know the answer to a question, write "I do not know."

1 Your name: _____

2 Your relationship to the child:

Social worker Probation officer

Other county staff (*specify*): _____

3 a. Caregiver's relationship to child: _____

b. Date of last communication with caregiver: _____

4 Child Information

a. Child's height: _____ b. Child's weight: _____

c. Prescribing physician's name: _____

d. Date last seen by prescribing physician: _____

e. Next appointment date: _____

f. Therapist's name: _____

g. Date last seen by therapist: _____

5 List current court-approved psychotropic medications. (*Verify that this is what child is taking.*)

Name of Medication	Dosage

Name of Medication	Dosage

6 The child is taking the medication in **5**. This was verified by child caregiver other (*specify*): _____

7 The child is not taking the following medication in **5** (*specify*): _____
This was verified by child caregiver other (*specify*): _____



Child's name: _____

- 8 a. The court has not authorized three or more psychotropic medications at the same time for 90 days or more.
b. The court has authorized three or more psychotropic medications at the same time for 90 days or more.

Does the court case file contain a signed copy of *Position on Release of Information to Medical Board of California* (form JV-228)?

- (1) Yes
(2) No
(3) I do not know.

- 9 Describe the caregiver's observations regarding how the child's behaviors and/or symptoms have changed since the medication was begun.

- 10 Describe the caregiver's observations regarding the side effects of the medication.

- 11 Describe any concerns the caregiver has regarding the medication.

- 12 Describe what the child says about whether his or her behaviors and/or symptoms have changed since the medication was begun.



Child's name: _____

- (13) Describe what the child says about the side effects of the medication.

- (14) Describe any concerns or complaints the child has regarding the medication.

- (15) List the dates of all medication management appointments since the last court hearing.

- (16) List the dates and reasons of other follow-up medical appointments since the last court hearing.

- (17) Describe other mental health treatments that are part of the child's overall treatment plan (for example, frequency and type of counseling, wraparound, etc.) or attach mental health treatment plan from treating clinician.



Child's name:

Case Number:

- 18** Provide any other information you think the judge should know.

- 19** Check here if you need more space for any of the items. Write the item number and additional information here.
If you need more space, attach a sheet or sheets of paper.

Date:

Type or print name of person completing this form



Signature

- Child welfare services staff (*sign above*)
 - Probation department staff (*sign above*)
 - Other (*specify*): _____ (*sign above*)