

TREATMENT PLAN		Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In Re: Guardianship of		Division	
First Name	Middle Name	Last Name	
Respondent			

ANTIPSYCHOTIC MEDICATION:	DOSAGE AND DOSE RANGE:

ALTERNATIVE ANTIPSYCHOTIC MEDICATION:	DOSE RANGE:

Blood level testing, if and as appropriate, shall be administered in accordance with current clinical protocols. Medications for side effects may be administered if clinically indicated.

Periodic reviews of the Treatment Plan will be done to assess the effectiveness of the medication and to check for side effects. The medication doses will be adjusted within the approved range, as clinically appropriate.

THE WITHIN TREATMENT PLAN IS HEREBY APPROVED.

THIS PLAN SHALL BE REVIEWED ONE YEAR FROM TODAY'S DATE ON _____,
AND IF NOT SOONER EXTENDED, SHALL EXPIRE AT 4 P.M. ON THAT DATE.

Date _____

☐ JUSTICE ☐ JUDICIAL DESIGNEE