

Part III. Monthly/Quarterly Behavior and Medication Review

	Jan	Feb	Mrch	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Did drug or dose change after last review but before this review?	No - Yes											
Possible side effects documented and reviewed?	None Seen Yes											
Adaptive Behavior - Loss of daily activity skills?	Yes - No											
Changes in environment?	Yes - No											
Illness or disease present?	Yes - No											
When is the next M.E.D. due to be started/reviewed?												
When is next yearly informed consent due?												
When is next Psychotropic Medication Review due?												
Initials of staff completing quarterly review:												

Part IV. – Miscellaneous Information (see documentation in Psychiatric, Program or Nursing Files)

Possible side effects:	See information in med book and/or attached.
Adaptive Behaviors:	
Active treatment programs:	
Comment/Initials/Title/Date:	
Comment/Initials/Title/Date:	
Comment/Initials/Title/Date:	
Comment/Initials/Title/Date:	

Staff Initials:	Staff Name / Title: