

Tennessee Chapter

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



Foster Care Medical Home Tool Kit

Revision Date 10-1-2024

Introduction: *The Foster Care Medical Home Project was created through a partnership between the Tennessee Chapter of the American Academy of Pediatrics and the Tennessee Department of Children's Services. Grant funding for the project is provided by Blue Cross and Blue Shield of Tennessee. On behalf of the Tennessee Chapter of the American Academy of Pediatrics, I thank you for your compassionate care of the most vulnerable population we serve. Your willingness to provide services to children in foster care will not only impact their lives but will contribute to a growing network of Foster Care Medical Home providers. Together, we will improve the quality of medical and mental health care of children in foster care, enhance communication between health care providers and the DCS foster care system, and establish continuity of care through a state-wide network of health care providers. The following tool kit has been assembled to assist you.*

Very Respectfully,

A handwritten signature in black ink, appearing to read "Timothy Fuller".

Timothy Fuller, DO, FAAP
Medical Director, Behavioral Health in Pediatrics
Tennessee Chapter of the American Academy of Pediatrics

*****Disclaimer*****

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Guidance for Use:

Authorization for Routine Health Services:

This form should be completed and signed by the birth parent or guardian upon the child's entrance into state custody. It should be brought to the first appointment by the foster parent or DCS representative. It may also be faxed to your office prior to the visit. Please retain a copy in your files.

Consent for Vaccination:

In accordance with the Mature Minor Correction Act of 2023 this form must be completed and signed by the birth parent, the legal guardian, or a judge prior to the administration of any vaccines. It authorizes the administration of only the routine vaccinations listed on the consent form. Permission for any additional vaccines must be obtained through additional special consent. Please retain a copy in your records.

Psychotropic Medication Utilization Parameters for Children in State Custody:

This document outlines the parameters for prescribing psychotropic medications for children in state custody. Portions of the content may reflect the original age of the document. Nevertheless, the parameters have not changed. Please contact your DCS regional nurse with any questions you may have concerning updates.

EPSDT Screening Report:

This form should be completed on the initial 72 hour intake evaluation and every subsequent well child visit. If a child exits custody for any reason (including elopement) and returns to custody, you must repeat the intake again with this EPSDT form. You should not need to complete a Health Service Confirmation and Follow-Up Form on the same visit you complete the EPSDT form. Please fax a copy of the form to your DCS regional nurse, return a copy to the foster parent/ DCS representative, and retain a copy for your files.

Health Services Confirmation and Follow-Up Notification:

You should use this form for every encounter other than an EPSDT exam. The wording of this form may seem confusing. Please enter the chief complaint in the top section, your diagnosis in the middle section, and your plan in the bottom section. Fax a copy to your DCS nurse, return a copy to the foster parent/ DCS representative, and retain a copy for your files.

Psychotropic Medication Evaluation:

This form must be completed every time a psychotropic medication is started, refilled, or discontinued during a visit. Please fax this form to your DCS nurse, return a copy to the foster parent/ DCS worker, and retain a copy for your files.

Informed Consent for Psychotropic Medication:

This form must be completed for each psychotropic medication prescribed. If the child enters custody on medication, the FSW may have obtained the consent at the time of entrance into state custody. However, you should verify the existence of a signed consent during the first visit. For newly prescribed medication consent may be provided by the birth parent/ legal guardian, the patient (if age 16 years or older), or the DCS regional nurse if the parental rights have been terminated. Please call the DCS regional nurse when initiating new medications. Each consent should be renewed every 12 months. Fax the consent form to the DCS regional nurse, provide a copy to the foster parent/ DCS representative, and retain a copy for your files.

Prior Approval for PRN Psychotropic Medication:

This form must be completed for PRN psychotropic medications. In general, it is not recommended to use PRN psychotropic medications for children in state custody due to the complex process of approval. Please call your DCS regional nurse prior to prescribing any PRN psychotropic medications. If it is deemed necessary to prescribe a PRN psychotropic, fax a copy of the form to your DCS nurse, provide a copy to the foster parent/ DCS representative, and retain a copy for your files.

Please feel free to contact your DCS regional nurse for any questions concerning the use of this tool kit.



Tennessee Department of Children's Services

Authorization for Routine Health Services for Minors

Name of Child: _____ Date of Birth: _____ TFACTS ID: _____

Date of Custody: _____ County of Custody: _____ Region of Custody: _____

This document verifies that _____ is in the legal custody of the Tennessee Department of Children's Services. The Department of Children's Services, by virtue of the court's order granting legal custody, is authorized to consent to ordinary and/or necessary medical care.

Child/Youth

(The information below must be fully explained to the minor; minor does not sign form)

Routine health services may be provided while you are within the custody of the Tennessee Department of Children's Services. Examples of routine health services are: routine dental procedures including extractions, pelvic exams, blood draws and samples, treatment of communicable disease(s), routine suturing or minor lacerations, x-rays, and other medical procedures not listed generally governed by implied consent guidelines in the community setting. If you choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

Parent/Guardian

I, _____, understand that it may be necessary for the Tennessee Department of Children's Services to provide routine health care to my child while he/she is in the custody of the Department. I understand the meaning of routine with regard to health services as generally outlined above and hereby give my permission to such care. I have also been informed that if I choose not to consent, the Department of Children's Services, by virtue of the court's order granting the department legal custody, is authorized to consent to ordinary and/or necessary medical care and/or treatment.

Parent's or Legal Guardian's Signature

Date

Witness's Signature

Date

Based upon refusal of the above named minor's parent or legal guardian to consent to the routine treatment of his/her child while in custody of the Department of Children's Services or because, after diligent efforts to locate, the parent or legal guardian cannot be located, the Department of Children's Services due to its rights and responsibilities as legal custodian is authorized to consent to ordinary and/or necessary medical care and/or treatment.

*** parent refused to sign paperwork at time of removal

No parent available at time of removal

DCS Staff Signature

Date

This is the current version of this form. Please disregard all previous versions prior to the date listed below.



Tennessee Department of Children's Services

Consent for Vaccination

Name of Child: _____ DOB: _____ TFACTS ID: _____
Date of Custody: _____ County: _____ Region: _____

This document verifies that _____ is in the legal custody of the Tennessee Department of Children's Services.

Parent/Guardian

I, _____, understand that the Tennessee Department of Children's Services is requesting my permission to provide, request and/or facilitate vaccinations to my child while he/she is in the custody of the Department. I understand the meaning of vaccination to mean the act of introducing a substance intended for use in humans to stimulate the body's immune response against an infectious disease or pathogen. The below checkboxes indicate which routine childhood vaccinations **I give permission for my child to receive:**

- Yes No IPV Inactivated polio (Polio)
- Yes No MMR Measles, mumps, rubella (German measles)
- Yes No Varicella (Chickenpox)
- Yes No Hepatitis A
- Yes No Hepatitis B
- Yes No Influenza (Flu)
- Yes No Pneumococcal (Pneumonia)
- Yes No Meningococcal (Meningitis)
- Yes No DTaP or Tdap Diphtheria, tetanus, pertussis (Whooping cough)
- Yes No Rotavirus
- Yes No Hib Haemophilus influenzae type b

I have also been informed that if I choose not to consent, the Department of Children's Services may seek a court order to authorize vaccination of the child.

Parent or Legal Guardian Signature

Date

Witness Signature

Date

This is the current version of this form. Please disregard all previous versions prior to the date listed below.

Psychotropic Medication Utilization Parameters For Children in State Custody

Adapted by:

**Tennessee Department of Children's Services
Pharmacy and Therapeutics Committee**

Developed by:

**Texas Department of State Health Services
*with review and input***

provided by:

**Federation of Texas Psychiatry
Texas Pediatric Society
Texas Academy of Family Physicians
Texas Osteopathic Medical Association
Texas Medical Association**

Psychotropic Medication Utilization Parameters For Children in State Custody

Introduction and General Principles

The use of psychotropic medications by children is an issue confronting parents, other caregivers, and health care professionals across the United States. Children in state custody, in particular, have multiple needs, including those related to emotional or psychological stress. Children in state custody typically have experienced abusive, neglectful, serial or chaotic caretaking environments. Birth family history is often not available. These children often present with a fluidity of different symptoms over time reflective of past traumatic and reactive attachment difficulties that may mimic many overlapping psychiatric disorders. Establishment of rapport is often difficult. These multiple factors serve to complicate diagnosis. Children in state custody may reside in areas of the state where mental health professionals such as child psychiatrists are not readily available. Similarly, caregivers and health providers may be faced with critical situations that require immediate decisions about the care to be delivered. For these and other reasons, a need exists for treatment guidelines and parameters regarding the appropriate use of psychotropic medications for children in state custody.

Because of the complex issues involved in the lives of children in state custody, it is important that a comprehensive evaluation be performed before beginning treatment for a mental or behavioral disorder. Except in the case of an emergency, a child should receive a thorough health history, psychosocial assessment, mental status exam, and physical exam before the prescribing of psychotropic medication. The physical assessment should be performed by a physician or another healthcare professional qualified to perform such an assessment. It is recognized that in some situations, it may be in the best interest of the child to prescribe psychotropic medications before a physical exam can actually be performed. In these situations, a thorough health history should be performed to assess for significant medical disorders and past response to medications, and a physical evaluation should be performed as soon as possible. Appropriate screening tools should be used for children through the *Early & Prevention Screening, Diagnosis & Treatment* (EPSDT) process or who are being treated by primary care providers. Children with complicated or refractory symptoms should be referred to a qualified mental health professional for consultation or treatment. The mental health assessment should be performed by an appropriately qualified mental health professional with experience in providing care to children. The child's symptoms and functioning should be assessed across multiple domains, and the assessment should be developmentally appropriate. It is very important that information about the child's history and current functioning be made available to the treating clinician in a timely manner, either through an adult who is well-informed about the child or through a comprehensive medical record. Psychological testing may be indicated when: a disorder is suspected but symptoms can't be reported, underlying issues are suspected that may be difficult to identify in the course of treatment, treatment fails, educational placement is needed and treatment determination is needed for sexually inappropriate actions.

The role of nonpharmacological interventions should be considered before beginning a psychotropic medication, except in urgent situations such as suicidal ideation, psychosis, self injurious behavior, physical aggression that is acutely dangerous to others, severe impulsivity endangering the child or others, marked disturbance of psychophysiological functioning (such as profound sleep disturbance), or marked anxiety, isolation, or withdrawal, or for conditions in which research has clearly indicated the superiority of pharmacotherapy (e.g., ADHD). Given the unusual stress and change in environmental circumstances associated with being a child in state custody, counseling or psychotherapy (including behavioral therapies) should generally begin before or concurrent with prescription of a psychotropic medication. Patient and caregiver education about the mental disorder, treatment options (nonpharmacological and pharmacological), treat expectations, and potential side effects should occur before and during the prescription of psychotropic medications.

It is recognized that many psychotropic medications do not have Food and Drug Administration (FDA) approved labeling for use in children. The FDA has a statutory mandate to determine whether pharmaceutical company sponsored research indicates that a medication is safe and effective for those indications in which it has been studied by the manufacturer. The FDA also assures that information in the approved product labeling is accurate, and limits the manufacturer's marketing to the information contained in the approved labeling. *The FDA does not regulate physician and other health provider practice. In fact, the FDA has stated that it does "not limit the manner in which a practitioner may prescribe an approved drug." Studies and expert clinical experience often support the use of medication for an "off-label" use.* Physicians should utilize the available evidence, expert opinion, their own clinical experience, and exercise their clinical judgment in prescribing what they feel is best for each individual patient.

General principles regarding the use of psychotropic medications in children include:

- A DSM-IV TR psychiatric diagnosis should be made before the prescribing of psychotropic medications.
- Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medical record at the time of or before beginning treatment with a psychotropic medication. These target symptoms and treatment goals should be assessed at each clinic visit with the child and caregiver. Whenever possible, recognized clinical rating scales (clinician, patient, or caregiver assessed, as appropriate) or other measures should be used to quantify the response of the child's target symptoms to treatment and the progress made toward treatment goals.
- In making a decision regarding whether to prescribe a psychotropic medication in a specific child, the clinician should carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluate the over all benefit-to-risk of pharmacotherapy. The clinician should also take into consideration birth control status, potential

for pregnancy, and other potentially complicating medical conditions or medications.

- Except in the case of emergency, informed consent should be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent to treatment with psychotropic medication entails diagnosis, expected benefits and risks of treatment, including common side effects, discussion of laboratory findings, and uncommon but potentially severe adverse events. Alternative treatments, the risks associated with no treatment, and the overall potential benefit-to-risk ratio of treatment should be discussed.
- During the prescription of psychotropic medication, the presence or absence of medication side effects should be documented in the child's medical record at each visit.
- Appropriate monitoring of indices such as height, weight, blood pressure, or other laboratory findings should be documented.
- Monotherapy regimens for a given disorder of specific target symptoms should usually be tried before polypharmacy regimens.
- Doses should usually be started low and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record. (Note: starting a new medication and beginning the dose taper of a current medication is considered one medication change).
- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including: symptoms, behavior, function, and potential medication side effects.
- In depressed children and adolescents, the potential for emergent suicidality should be carefully evaluated and monitored
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a psychiatrist should occur if the child's clinical status has not experienced meaningful improvement within a timeframe that is appropriate for the child's clinical status and the medication regimen being used.
- When medication changes are warranted within the same class of medications, a 60 day cross-over period of titration of the new agent and taper of the agent to be discontinued is appropriate unless the agent to be discontinued is causing adverse effects.
- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders), and the influence of psychosocial stressors.
- If a medication is being used in a child for a primary target symptom of aggression associated with a DSM-IV TR nonpsychotic diagnosis (e.g., conduct disorder, oppositional defiant disorder, intermittent explosive disorder), and the behavior disturbance has been in remission for six

months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued in this situation, the necessity for continued treatment should be evaluated at a minimum of every six months.

- The clinician should clearly document care provided in the child's medical record, including history, mental status assessment, physical findings (when relevant), impressions, adequate laboratory monitoring specific to the drug(s) prescribed at intervals required specific to the prescribed drug and potential known risks, medication response, presence or absence of side effect, treatment plan, and intended use of prescribed medications.

Criteria Triggering Further Review of a Child's Clinical Status

The following situations indicate a need for further review of a patient's case. These parameters do not necessarily indicate that treatment is inappropriate, but they do indicate a need for further review.

For a child/adolescent being prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient's clinical status:

- 1) Absence of a thorough assessment of DSM-IV diagnosis in the child's medical record.
- 2) Four (4) or more psychotropic medications prescribed concomitantly.
Note:
 - a) *For the purpose of this document, polypharmacy is defined as the use of two or more medications for the same indication (i.e., specific mental disorder).*
 - b) *The prescription of side effect agents of benztropine or diphenhydramine does not count toward the total psychotropic number.*
- 3) Prescribing:
 - a) Two (2) or more concomitant antidepressants,
 - b) Two (2) or more concomitant antipsychotic medications,
 - c) Two (2) or more concomitant stimulant medications⁽¹⁾, or
 - d) Two (2) or more concomitant mood stabilizer medications.

(1) The prescription of a long-acting stimulant and an immediate release stimulant of the same chemical entity (e.g., methylphenidate) does not constitute concomitant prescribing.
- 4) The prescribed psychotropic medication is not consistent with the patient's diagnosis or the patient's target symptoms (i.e., specific symptoms observed in a child/adolescent that are associated with a mental disorder, and that usually respond to the medication being prescribed).

- 5) Psychotropic polypharmacy for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
- 6) The psychotropic medication dose exceed usually recommended doses.(2)
- 7) Psychotropic medications are prescribed for children five (5) years and under.
- 8) Prescribing by a primary care provider for a diagnosis other than the following single DSM-IV TR Axis I diagnosis (unless recommended by a consultant in the specialties of: pediatric neurology, psychiatry, or developmental behavioral pediatrician).
 - Attention Deficit Hyperactive Disorder (ADHD)
 - Encopresis
 - Enuresis
 - Mild-moderate anxiety disorders,
 - Mild-moderate depression,
 - Mild-moderate developmental disorders
 - Mild-moderate sleep disorders
 - Mild-moderate tic disorders

(2)Usual recommended maximum doses of common psychotropic medications.

Note

- a) *These tables are intended to reflect usual maximum doses of commonly used psychotropic medications. The preferred drug formulary potentially prescribed for children in state custody is the same as for all other TennCare recipients.*
- b) *These doses represent usual daily maximum doses, and are intended to serve as a guide for clinicians. The tables are not intended to serve as a substitute for sound clinical judgment in the care of individual patients, and individual patient circumstances may dictate the need for the use of higher doses in specific patients. In these cases, careful documentation of the rationale for the higher dose should occur, and care monitoring and documentation of response to treatment should be observed.*
- c) *Not all medications prescribed by clinicians for psychiatric diagnoses in children and adolescents are included below. However, in general, medications not listed do not have adequate efficacy and safety information available to support a usual maximum dose recommendation.*

Antidepressants/Anxiolytics

	Maximum Dose per Day⁽¹⁾	
	<i>Children</i>	<i>Adolescents</i>
Citalopram	40mg	60mg
Escitalopram	20mg	20mg
Fluvoxamine (2)	200mg	200mg
Fluoxetine (2, 3)	20mg	40mg

Paroxetine	30mg	40mg
Sertraline (2)	200mg	200mg
Venlafaxine	3 mg/kg/d	225mg

- (1) *In general, doses should be started low and titrated slowly while monitoring the patient for improvement in depressive symptoms, potential side effects, or emergent suicidality*
- (2) *Has FDA approved labeling for treatment of depression in children.*
- (3) *Has FDA approved labeling for treatment of anxiety disorders in children.*

Antipsychotics

	Maximum Dose per Day	
	<i>Children</i>	<i>Adolescents</i>
Aripiprazole	15mg	30mg
Clozapine	300mg	600mg
Haloperidol	10mg	20mg
Olanzapine	12.5mg	20mg
Quetiapine	300mg	600mg
Risperidone	4mg	6mg
Ziprasidone	No data	180mg

ADHD Medications

	Maximum Dose per Day	
	<i>Children</i>	<i>Adolescents</i>
Stimulants		
Amphetamine (Mixed amphetamine salts Or dextroamphetamine)	40mg	40mg
Dexmethylphenidate	20mg	20mg
Methylphenidate	60mg	72mg
Others		
Atomoxetine	1.8mg/kg/d	100mg
Bupropion	6mg/kg/d	450mg
Clonidine	0.4mg	0.4mg
Guanfacine	4mg	4mg
Imipramine	5mg/kg/d	300mg
Nortriptyline	3mg/kg/d	150mg

Mood Stabilizers

	Maximum Dose per Day	
	<i>Children</i>	<i>Adolescents</i>
Carbamazepine (3)	7mg/kg/d	(Max Cs: 12mcg/mL)
Lamotrigine	15mg/kg/d (200mg)	200mg
Lithium (3)	30mg/kg/d	(Max Cs: 1.2mEq/L)
Valproic acid (3) (Divalproex)	20mg/kg/d	(Max Cs: 125mcg/ml)

(3) *Maximum daily dose typically determined by drug serum concentration (Cs) and individual patient tolerability.*



Tennessee Department of Children's Services
EPSDT Screening Report/Well Child Check-up

Child's Name: _____ DOB: _____

TFACTS ID#: _____ Home County: _____

Date of EPSDT: _____ Facility: _____

EPSDT Required Components:

- 1. Comprehensive history (incl. developmental and behavior screening) Yes No
- 2. Physical examination (unclothed) Yes (partial unclothed) Yes No
- 3. Hearing assessment Yes No
- 4. Vision assessment Yes No
- 5. Laboratory testing Yes No
- 6. Health education Yes No
- 7. Immunizations up-to-date Yes No Record not available

Height: _____ Weight: _____ BMI: _____
 Temp: _____ Pulse: _____ BP: _____

- Lab results pending - will notify if abnormal
- All screening results were within normal limits at this time
- TB skin test placed: Yes No TB skin test read: Yes No Results: _____
- If TB skin test positive, was health department notified? Yes No

Referrable conditions: Yes No

Details: _____

Have appointments been made for referable conditions? Yes No
 Please list any appointments scheduled as a result of EPSDT findings today: _____

Additional comments: _____

Healthcare Provider Details

Clinic Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Healthcare Provider Name (Print) _____ Date: _____

Healthcare Provider Signature _____

EPSDT Screening Report

The completed form is forwarded to the appropriate DCS Health Unit

<input type="checkbox"/>	Davidson	227 French Landing Drive Second Floor Nashville, TN 37228 Telephone: 615-253-1963 615-350-4113 Fax: 615-524-3077 Child Health email box: EI_DCS.ChildHealth_DV_Fax@tn.gov	<input type="checkbox"/>	Shelby	One Commerce Square 40 South Main, Suite 600 Memphis, TN 38103 Cell: 901-305-4299 Fax: 901-745-7154 Child Health email box: EI_DCS.ChildHealth_SH_Fax@tn.gov
<input type="checkbox"/>	East Counties: Anderson, Campbell, Loudon, Monroe, Morgan, Roane, Scott, Union	111 Union Valley Rd. Oak Ridge, TN 37830 Office: 865-425-4400 Cell: 865-776-2852 Fax: 865-594-2621 Child Health email box: EI_DCS.ChildHealth_ET_Fax@tn.gov	<input type="checkbox"/>	Smoky Mountain Counties: Claiborne, Cocke, Grainger, Hamblen, Jefferson, Blount Sevier	613 West Hwy 11E Ste #1 New Market, TN 37820 Cell: 423-667-8273 Fax: 865-594-2623 Child Health email box: EI_DCS.ChildHealth_SM_Fax@tn.gov
<input type="checkbox"/>	Knox	2600 Western Ave. Knoxville, TN 37921 Office: 865-329-8879 Cell: 865-617.7072 Fax: 865-594-2624 Child Health email box: EI_DCS.ChildHealth_KX_Fax@tn.gov	<input type="checkbox"/>	South Central Counties: Bedford, Coffee, Franklin, Giles, Grundy, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Wayne	1400 College Park, #A Columbia, TN 38401 Telephone: 931-490-6028 Fax: 931-646-3104 Child health email box: EI_DCS.ChildHealth_SC_Fax@tn.gov
<input type="checkbox"/>	Mid-Cumberland Counties: Cheatham, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson	200 Athens Way, Suite #2A Nashville, TN 37243 Telephone: 615-360-4383 Fax: 615-524-3076 Child Health email box: EI_DCS.ChildHealth_MC_Fax@tn.gov	<input type="checkbox"/>	Southwest Counties: Chester, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Tipton	Lowell Thomas State Bldg 225 Dr. MLK Drive, 3 rd flr Jackson, TN 38301 Cell:: 731-412-2035 Fax: 731-935-0696 Child Health email box: EI_DCS.ChildHealth_SW_Fax@tn.gov
<input type="checkbox"/>	Northeast Counties: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington	2555 Plymouth Rd. Johnson City, TN 37601 Cell: 423-979-5228 Fax: 423-585-3410 Child Health email box: EI_DCS.ChildHealth_NE_Fax@tn.gov	<input type="checkbox"/>	Tennessee Valley Hamilton Southeast Counties: Bledsoe, Bradley, McMinn, Marion, Meigs, Polk, Rhea, Sequatchie	5600 Brainerd Rd. #602 C Chattanooga, TN 37411 Telephone: 423-296-2276 Fax: 423-585-3416 Child Health email box: EI_DCS.ChildHealth_TV_Fax@tn.gov
<input type="checkbox"/>	Northwest Counties: Benton, Carroll, Crockett, Dickson, Dyer, Gibson, Henry, Houston, Humphreys, Lake, Obion, Stewart, Weakley	8600 Highway 22 Dresden, TN 38225 Telephone: 731-365-4544 Fax: 731-935-0695 Child Health email box: EI_DCS.ChildHealth_NW_Fax@tn.gov	<input type="checkbox"/>	Upper Cumberland Counties: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White	600 Hearthwood Court Cookeville, TN 38506 Telephone: 931-646-3042 Fax: 931-646-3100 Child Health email box: EI_DCS.ChildHealth_UC_Fax@tn.gov

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:
CS-1096, Rev. 10/24



RD 11016
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Tennessee Department of Children's Services

Health Services Confirmation and Follow-Up Notification

Youth Information (to be completed by DCS)

Child Name:		DCS Region:	
TFACTS Person ID:		Date of Birth:	
FSW Name:		FSW Phone:	

***Not to be used for EPSDT Medical exams - use CS 1096 EPSDT Report**

***Not to be used for Psychotropic Medications - use CS 0629 Psychotropic Medication Evaluation**

Healthcare Visit Details (to be completed by healthcare provider)

Date of Service: _____

Chief Complaint/Reason for Visit:

Service Provided:

Special Instructions for Caregiver:

Follow-up appointment needed: Yes No Reason: _____

Is the service today an ongoing service? Yes No If yes, frequency: _____

Return to clinic (date/time): _____

Referrals made: _____

Clinic Name: _____ Street Address: _____

City, State, Zip: _____ Telephone: _____

Healthcare Provider Name (print): _____

Healthcare Provider Signature: _____

Would provider like contact with DCS? Yes No

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: SAT Coordinator, Child/Youth's Case File, Health Record

CS- 0689 Rev 10/24

RDA 10116

Page 1

Department of Children's Services
INSTRUCTIONS FOR USE OF FORM CS-0689
Health Services Confirmation and Follow-Up Notification

DCS staff, foster parent, or contract agency staff completes the top of the form prior to healthcare appointment. The healthcare provider completes the rest of the form and signs and dates the form.
The completed form is sent to the appropriate Health Unit.

<input type="checkbox"/>	Davidson	500 James Robertson Pkwy, 7 th Fl Nashville, TN 37243 Telephone: 615-253-1963 615-350-4113 Fax: 615-524-3077 Child Health email box: EI.DCS.ChildHealth DV Fax@tn.gov	<input type="checkbox"/>	Shelby	One Commerce Square 40 South Main, Suite 600 Memphis, TN 38103 Cell: 901-305-4299 Fax: 901-745-7154 Child Health email box: EI.DCS.ChildHealth SH Fax@tn.gov
<input type="checkbox"/>	East Counties: Anderson, Campbell, Loudon, Monroe, Morgan, Roane, Scott, Union	111 Union Valley Rd. Oak Ridge, TN 37830 Office: 865-425-4400 Cell: 865-776-2852 Fax: 865-594-2621 Child Health email box: EI.DCS.ChildHealth ET Fax@tn.gov	<input type="checkbox"/>	Smoky Mountain Counties: Claiborne, Cocke, Grainger, Hamblen, Jefferson, Blount, Sevier	613 West Hwy 11E Ste #1 New Market, TN 37820 Cell: 423-667-8273 Fax: 865-594-2623 Child Health email box: EI.DCS.ChildHealth SM Fax@tn.gov
<input type="checkbox"/>	Knox	2600 Western Ave. Knoxville, TN 37921 Office: 865-329-8879 Cell: 865-617.7072 Fax: 865-594-2624 Child Health email box: EI.DCS.ChildHealth KX Fax@tn.gov	<input type="checkbox"/>	South Central Counties: Bedford, Coffee, , Franklin , Giles, Grundy, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Wayne	1400 College Park, #A Columbia, TN 38401 Telephone: 931-490-6028 Fax: 931-646-3104 Child Health email box: EI.DCS.ChildHealth SC Fax@tn.gov
<input type="checkbox"/>	MidCumberland Counties: Cheatham, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson	200 Athens Way, Suite #2A Nashville, TN 37243 Telephone: 615-360-4383 Fax: 615-524-3076 Child Health email box: EI.DCS.ChildHealth MC Fax@tn.gov	<input type="checkbox"/>	Southwest Counties: Chester, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Tipton	Lowell Thomas State Bldg 225 Dr. MLK Drive, 3 rd flr Jackson, TN 38301 Cell:: 731-412-2035 Fax: 731-935-0696 Child Health email box: EI.DCS.ChildHealth SW Fax@tn.gov
<input type="checkbox"/>	Northeast Counties: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington	2555 Plymouth Rd. Johnson City, TN 37601 Cell: 423-979-5228 Fax: 423-585-3410 Child Health email box: EI.DCS.ChildHealth NE Fax@tn.gov	<input type="checkbox"/>	Tennessee Valley Hamilton Southeast Counties: Bledsoe, Bradley, McMinn, Marion, Meigs, Polk, Rhea, Sequatchie	5600 Brainerd Rd. #602 C Chattanooga, TN 37411 Telephone: 423-296-2276 Fax: 423-585-3416 Child Health email box: EI.DCS.ChildHealth TV Fax@tn.gov
<input type="checkbox"/>	Northwest Counties: Benton, Carroll, Crockett, , Dickson, Dyer, Gibson, Henry, Houston, Humphreys, Lake, Obion, Stewart, Weakley	8600 Highway 22 Dresden, TN 38225 Telephone: 731-365-4544 Fax: 731-935-0695 Child Health email box: EI.DCS.ChildHealth NW Fax@tn.gov	<input type="checkbox"/>	Upper Cumberland Counties: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White	600 Hearthwood Court Cookeville, TN 38506 Telephone: 931-646-3042 Fax: 931-646-3100 Child Health email box: EI.DCS.ChildHealth UC Fax@tn.gov



Psychotropic Medication Evaluation

Note: Complete this form at every medication evaluation appointment. Healthcare Providers may prefer to provide their own documentation regarding information contained in this form.

If new psychotropic medication is prescribed an Informed Consent must be signed and forwarded to the DCS Health unit.

Appointment date _____	TFACTS person ID# _____
Child's name _____	DOB _____
Home County _____	FSW name _____
Provider name _____	Phone # _____
Clinic name _____	
Address _____	
DSM-V Diagnosis _____	
Symptoms _____	
Other Treatments _____	
Current and discontinued medications (name, dose, frequency, route, and # of refills). If a new medication is prescribed an Informed Consent form CS 0627 must be attached.	
#1	# of Refills
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New - attach INFORMED CONSENT form	
# 2	# of Refills
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New - attach INFORMED CONSENT form	
# 3	# of Refills
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New - attach INFORMED CONSENT form	
# 4	# of Refills
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New - attach INFORMED CONSENT form	
# 5	# of Refills
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Discontinued <input type="checkbox"/> No change <input type="checkbox"/> New - attach INFORMED CONSENT form	
Reason medication stopped? _____	
Reason for changes? _____	
Recent Height: _____	Recent Weight: _____ Pulse: _____ BP: _____
Laboratory tests? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____	
Other diagnostic tests? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____	
Next appointment _____	

Provider signature _____ Date _____

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
Distribution: SAT Coordinator, Child/Youth's Case File, Health Record

Department of Children's Services
INSTRUCTIONS FOR USE OF FORM CS-0629
Psychotropic Medication Evaluation

1. DCS FSW, Foster Parent, or Contract Agency Staff completes the top portion of form.
2. The Healthcare Provider completes the remainder of the form at each medication evaluation appointment.
3. If a new psychotropic medication is prescribed, an Informed Consent form CS 0627 must be sent with the PME
4. The Healthcare Provider signs and dates the bottom of the form.
5. The completed form is sent to the appropriate Health Unit.

<input type="checkbox"/>	Davidson	900 2 nd Avenue North Nashville, TN 37243 Nursing Telephone: 615-483-6003 Fax: 615-524-3077 Child Health email box: EI_DCS.ChildHealth DV Fax@tn.gov	<input type="checkbox"/>	Smoky Mountain Counties: Blount, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Sevier	613 West Hwy 11E, Suite #1 New Market, TN 37820 Nursing Telephone: 865-696-7147 Fax: 865-594-2623 Child Health email box: EI_DCS.ChildHealth SM Fax@tn.gov
<input type="checkbox"/>	East Counties: Anderson, Campbell, Loudon, Monroe, Morgan, Roane, Scott, Union	182 Frank Diggs Dr . # 100 Clinton, TN 37716 Nursing Telephone: 865-696-7852 Fax: 865-594-2621 Child Health email box: EI_DCS.ChildHealth ET Fax@tn.gov	<input type="checkbox"/>	Smoky Mountain Counties: Blount, Sevier	613 West Hwy 11E, Suite #1 New Market, TN 37820 Nursing Telephone: 865-207-5375 Fax: 865-594-2623 Child Health email box: EI_DCS.ChildHealth SM Fax@tn.gov
<input type="checkbox"/>	Knox	2600 Western Ave. Knoxville, TN 37921 Nursing Telephone: 865-209-9916 Fax: 865-594-2624 Child Health email box: EI_DCS.ChildHealth KX Fax@tn.gov	<input type="checkbox"/>	South Central Counties: Bedford, Coffee, , Franklin , Giles, Grundy, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Wayne	1400 College Park, #A Columbia, TN 38401 Nursing Telephone: 931-698-6937 Fax: 931-646-3104 Child Health email box: EI_DCS.ChildHealth SC Fax@tn.gov
<input type="checkbox"/>	MidCumberland Counties: Cheatham, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson	200 Athens Way, Suite #2A Nashville, TN 37243 Nursing Telephones: 615-483-6629 615-603-5031 Fax: 615-524-3076 Child Health email box: EI_DCS.ChildHealth MC Fax@tn.gov	<input type="checkbox"/>	Southwest Counties: Chester, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Tipton	Lowell Thomas State Bldg. 225 Dr. MLK Drive, 3 rd flr. Jackson. TN 38301 Nursing Telephone: 731-343-3561 Fax: 731-935-0696 Child Health email box: EI_DCS.ChildHealth SW Fax@tn.gov
<input type="checkbox"/>	Northeast Counties: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington	2555 Plymouth Road Johnson City, TN 37601 Nursing Telephone: 423-202-4644 Fax: 423-585-3410 Child Health email box: EI_DCS.ChildHealth NE Fax@tn.gov	<input type="checkbox"/>	Tennessee Valley/ Hamilton	5600 Brainerd Rd. #602 C Chattanooga, TN 37411 Nursing Telephone: 423-503-5046 Fax: 423-585-3416 Child Health email box: EI_DCS.ChildHealth TV Fax@tn.gov
<input type="checkbox"/>	Northwest Counties: Benton, Carroll, Crockett, , Dickson, Dyer, Gibson, Henry, Houston, Humphreys, Lake, Obion, Stewart, Weakley	8600 Highway 22 Dresden, TN 38242 Nursing Telephone: 731-343-3561 Fax: 731-935-0695 Child Health email box: EI_DCS.ChildHealth NW Fax@tn.gov	<input type="checkbox"/>	Tennessee Valley/ Southeast Counties: Bledsoe, Bradley, McMinn, Marion, Meigs, Polk, Rhea, Sequatchie	5600 Brainerd Rd. #C-20 Chattanooga, TN 37411 Nursing Telephone: 423-503-5046 Fax: 423-585-3416 Child Health email box: EI_DCS.ChildHealth TV Fax@tn.gov
<input type="checkbox"/>	Shelby	One Commerce Square 40 South Main, Suite 600 Memphis, TN 38103 Nursing Telephones: 901-258-0345 901-568-2190 Fax: 901-745-7154 Child Health email box: EI_DCS.ChildHealth SH Fax@tn.gov	<input type="checkbox"/>	Upper Cumberland Counties: Cannon, Clay, Cumberland, DeKalb, Feitress, Jackson, Macon, Overton, Pickett, Putnam, Smith, VanBuren, Warren, White	600 Hearthwood Court Cookeville, TN 38506 Nursing Telephone: 931-239-3169 Fax: 931-646-3100 Child Health email box: EI_DCS.ChildHealth UC Fax@tn.gov



Informed Consent for Psychotropic Medication

Appointment Date _____ TFACTS Person ID# _____ Home Co. _____

Child's Name _____ DOB _____

Placement Foster home Congregate care facility Facility name _____

Child entering custody on the medication(s) listed below

PLEASE ATTACH PSYCHOTROPIC MEDICATION EVALUATION Form CS-0629 OR EQUIVALENT FORM

Medication (dose, frequency, route) _____

For the treatment of _____

Allergies _____

Any other medication child is taking _____

Prescribing Provider's Name _____ Telephone # _____

Clinic Name _____

Address _____

I have been informed of the recommendation that medication be prescribed as part of my/my child's treatment program. I have been informed of the nature of my/my child's condition, the risks and benefits of treatment with the above medication, of other forms of treatment, as well as the risks of no treatment. My signature below indicates that I have received information explaining the most common side effects of this/these medication(s) but understand that there may be other side effects. I understand that medication is only one aspect of my/my child's overall treatment, and that success and improvement depends on my active involvement and participation in all aspects of the treatment plan developed for me/my child. I also understand that although this medication is expected to be helpful in the treatment of my/my child's condition, there is no absolute guarantee as to the results.

For females: Because this/these medication(s) could be harmful to a developing fetus, I will notify the medical staff immediately if I suspect pregnancy or have plans to attempt pregnancy.

THIS FORM CAN ONLY BE SIGNED BY THE PARENT/GUARDIAN, YOUTH AGE 16 AND OLDER (at the discretion of the prescribing provider) OR THE DCS REGIONAL Nurse

Based on the information provided to me:

I give **PERMISSION/CONSENT** to the administration of the above listed medications(s).

I **REFUSE** to allow the administration of the above listed medication(s).

Youth age 16 or older signature _____ Date _____

Parent/Legal Guardian signature _____ Date _____

Print name _____ Relationship _____

Witness #1 Verbal Consent _____ Date _____

Witness #2 Verbal Consent _____ Date _____

Reason parent cannot sign _____

DCS Health Nurse Signature _____ Date _____

Print name _____ Region _____

I have been **NOTIFIED** that consent was given by DCS for the above listed medications(s).

Parent/Legal Guardian signature _____ Date _____

Print name _____ Relationship _____

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Child's Group Home File

CS-0627

Rev 3/23



Department of Children's Services
INSTRUCTIONS FOR USE OF FORM CS-0627
Informed Consent for Psychotropic Medication

1. This form is used for any child who is prescribed psychotropic medication. It can be signed by:
 - Parent/guardian
 - Youth age 16 years and older (at the discretion of the prescribing provider)
 - DCS Regional Nurse
2. The top section can be completed by foster parents, DCS FSWs, or contract agency case workers.
3. The prescribing provider completes the section including:
 - Medication name, dose and frequency
 - Treatment diagnosis
 - Allergies
 - Any other medication the child is taking
 - Prescribing Provider's name and contact information
4. The parent/guardian giving consent must be present at the medication evaluation appointment and must talk directly to the prescribing provider. If the parent/guardian cannot be at the appointment, they can talk to the prescribing provider on the phone and give verbal consent. Verbal consent must be witnessed by two people. Both witnesses must sign and date the form. Check the box for permission/consent.
5. If the parent/guardian cannot be available at the appointment or by phone, and the child is younger than age 16, the consent is sent to the regional nurse for consent decision.
6. If the nurse consents, then the parent/guardian is notified that consent was given and signs on the appropriate line and checks the box for notification.
7. When a parent/guardian or youth age 16 and over signs consent for psychotropic medication a copy of the consent must be sent to the home county regional nurse immediately for tracking purposes.
8. The informed consent is for the prescribed medication. If the dose or frequency is subsequently changed a new informed consent is NOT needed. The dosage or frequency change is reported on Psychotropic Medication Evaluation form CS 0629.
9. If the child is new to custody, check the box "entering custody on medications listed below" and complete the form with as much information as possible.
10. A copy of form CS-0629 Psychotropic Medication Evaluation, or equivalent documentation, should be attached to the consent to communicate information regarding the treatment of the child/youth.

Informed Consent for Psychotropic Medication

The completed form is forwarded to the appropriate DCS Health Unit

<input type="checkbox"/>	Davidson	500 James Robertson Pkwy, 7 th flr Nashville, TN 37243 Nursing Telephone: Cell: 615-946-0433 Fax: 615-524-3077 EI_DCS.ChildHealth_DV_Fax@tn.gov	<input type="checkbox"/>	Smoky Mountain Counties: Claiborne, Cocke, Grainger, Hamblen, Jefferson	613 West Hwy 11E, Suite #1 New Market, TN 37820 Nursing Telephone: Cell: 865-696-7147 Fax: 865-594-2623 EI_DCS.ChildHealth_SM_Fax@tn.gov
<input type="checkbox"/>	East Counties: Anderson, Campbell, Loudon, Monroe, Morgan, Roane, Scott, Union	111 Union Valley Rd. Oak Ridge, TN 37830 Nursing Telephone: Cell: 865-696-7852 Fax: 865- 594-2621 EI_DCS.ChildHealth_ET_Fax@tn.gov	<input type="checkbox"/>	Smoky Mountain Counties: Blount, Sevier	613 West Hwy 11E, Suite #1 New Market, TN 37820 Nursing Telephone: Cell: 865-207-5375 Fax: 865-594-2623 EI_DCS.ChildHealth_SM_Fax@tn.gov
<input type="checkbox"/>	Knox	2600 Western Ave. Knoxville, TN 37921 Nursing Telephone: Cell: 865-209-9916 Fax: 865-594-2624 EI_DCS.ChildHealth_KX_Fax@tn.gov	<input type="checkbox"/>	South Central Counties: Bedford, Coffee, , Franklin , Giles, Grundy, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Wayne	1400 College Park, #A Columbia, TN 38401 Nursing Telephone: Cell: 931-698-6937 Fax: 931-646-3104 EI_DCS.ChildHealth_SC_Fax@tn.gov
<input type="checkbox"/>	MidCumberland Counties: Cheatham, Montgomery, Robertson, Rutherford, Sumner, Trousdale, Williamson, Wilson	200 Athens Way, Suite #2A Nashville, TN 37243 Nursing Telephones: Cell: 615-483-6629 Cell: 615-603-5031 Fax: 615-524-3076 EI_DCS.ChildHealth_MC_Fax@tn.gov	<input type="checkbox"/>	Southwest Counties: Chester, Decatur, Fayette, Hardeman, Hardin, Haywood, Henderson, Lauderdale, Madison, McNairy, Tipton	Lowell Thomas State Bldg. 225 Dr. MLK Drive, 3 rd flr. Jackson. TN 38301 Nursing Telephone: Cell: 731-343-3561 Fax: 731-935-0696 EI_DCS.ChildHealth_SW_Fax@tn.gov
<input type="checkbox"/>	Northeast Counties: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, Washington	2555 Plymouth Road Johnson City, TN 37601 Nursing Telephone: Cell: 423-202-4644 Fax: 423-585-3410 EI_DCS.ChildHealth_NE_Fax@tn.gov	<input type="checkbox"/>	Tennessee Valley Hamilton/Southeast Counties: Hamilton, Bledsoe, Bradley, McMinn, Marion, Meigs, Polk, Rhea, Sequatchie	5600 Brainerd Rd. #602 C Chattanooga, TN 37411 Nursing Telephone: Cell: 423-260-5376 Fax: 423-585-3416 EI_DCS.ChildHealth_TV_Fax@tn.gov
<input type="checkbox"/>	Northwest Counties: Benton, Carroll, Crockett, , Dickson, Dyer, Gibson, Henry, Houston, Humphreys, Lake, Obion, Stewart, Weakley	8600 Highway 22 Dresden, TN 38242 Nursing Telephone: Cell: 731-343-3561 Fax: 731-935-0695 EI_DCS.ChildHealth_NW_Fax@tn.gov	<input type="checkbox"/>	Upper Cumberland Counties: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren, White	600 Hearthwood Court Cookeville, TN 38506 Nursing Telephone: Cell: 931-303-1113 Fax: 931- 646-3100 EI_DCS.ChildHealth_UC_Fax@tn.gov
<input type="checkbox"/>	Shelby	One Commerce Square 40 South Main, Suite 600 Memphis, TN 38103 Nursing Telephones: Cell: 901-258-0345 Cell: 901-568-2190 Fax: 901-745-7154 EI_DCS.ChildHealth_SH_Fax@tn.gov	<input type="checkbox"/>		



Tennessee Department of Children's Services
Prior Approval for PRN Psychotropic Medication

This form is used for any child who is prescribed PRN (meaning as needed) *anxiolytic-hypnotic and antipsychotic* medications. . The PRN psychotropic medication cannot be administered or dispensed to the child/youth until approved by the DCS Medical Director. An Informed Consent for Psychotropic Medication form CS-0627 must also be completed and signed.

Appointment date _____	TFACTS person ID# _____
Child's name _____ DOB _____	
Home County _____	FSW name _____
Provider name _____	Phone # _____
Clinic name _____	
Address _____	

DSM Diagnosis _____
Current Medications (name, dose, frequency, route) _____
PRN medication being prescribed (name, dose, frequency, route) _____
Reason for PRN medication? _____
What symptoms will this medication treat? _____
Other behavior interventions being used? _____
Under what specific conditions will this medication be administered? _____
Anticipated frequency of use? _____
Length of time PRN medication is prescribed (limit 14-30 days)? _____
Provider signature _____ Date _____

Approval must be obtained from the DCS Health Nurse and the DCS Director of Medical Services before the PRN psychotropic medication is administered. Informed Consent must also be obtained. If prescription for PRN psychotropic medication is needed beyond limit of 14-30 days a new approval must be obtained.

Health Nurse Signature _____
Print Name _____ Date _____
Director of Medical Services signature _____
Print Name: _____ Date _____

Always check the "Forms" Website for most current version. This form may not be altered without prior approval.

Distribution: Regional Administrator, Designee, Independent Living Director/Designee