Psychiatric Medication Support Plan

Client: Dob: Click here to enter text.

Initial Plan Date: Click here to enter text. Last Updated:

Prescribing Physician: Click here to enter text.

Psychiatric Medication (including dose and frequency): Click here to enter text.

Target Symptoms: Click here to enter text.

Diagnosis: Click here to enter text.

If PRN, criteria for use: Click here to enter text.

Behavioral Criteria to determine benefit: Click here to enter text.

Side effects/Adverse Reactions that must be reported to prescribing physician: Click here to enter text.

Potential Long Term effects: Click here to enter text.

Other supports to help alleviate symptoms: Click here to enter text.

Plan for review and monitoring of medication effectiveness & side effects: