

# Psychotropic Medications

Social Security Number											
			-			-					

Name											

Date of Report											

Psychotropic Drug Number						Date Prescribed						Reason for Drug		Date Last Monitored							
Date Last Changed						Dosage Change						Reason Changed		Date Drug Stopped						Reason Stopped	
			Increase				Decrease														

Psychotropic Drug Number						Date Prescribed						Reason for Drug		Date Last Monitored							
Date Last Changed						Dosage Change						Reason Changed		Date Drug Stopped						Reason Stopped	
			Increase				Decrease														

Psychotropic Drug Number						Date Prescribed						Reason for Drug		Date Last Monitored							
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