



<b>Person's Name (First MI Last):</b> Jean B. Stone	<b>Record #:</b>	<b>Date of Admission:</b> 7/1/10
<b>Organization/Program Name:</b> Creative Life Choices Inc/Oak Street Residence	<b>DOB:</b> 10/1/84	<b>Gender:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender

<b>Medication Information</b> (Include All Non-Psych Meds/Prescription/ OTC/ Herbal) <input type="checkbox"/> None Reported					
Medication	Rationale/ Condition	Dosage / Route / Frequency	Reported Side-effects	Adherence WA = With Assistance	Prescriber
Clozaril	Psychosis Symptoms	100mg by mouth every morning and evening	Dry mouth	<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> WA	Dr. Hobart
Lithium	Mood Stabilization	400mg by mouth every morning	Acne	<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> WA	Dr. Hobart
Seroquel	Mood disorder	400mg by mouth every night	Constipation	<input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> WA	Dr. Hobart
Qvar	Asthma	2 puffs every morning	None reported	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> WA	Dr. Adams
EpiPen	Allergy to shellfish	One injection through muscle ONLY when having allergic reaction	None Reported	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> WA	Dr. Adams
				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> WA	
				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> WA	
				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> WA	
				<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> WA	

**Comments on Medications:** (Include what medications have worked well previously, why person doesn't take meds as prescribed and/or which one(s) the person would like to avoid taking in the future.): **Jean has found her medication helpful in controlling her hallucinations and mood swings. Jean reports side effects of acne, dry mouth and constipation from her current medications. In the past Jean has not always taken her medications as prescribed due to the side effects. She has also expressed difficulty with remembering to take her medications.**

<b>Comments:</b>	Jean self administers her Qvar each morning and also carries her EpiPen on her person. Program staff administer all of her other medications at this time.
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<b>Person's Signature</b> (Optional, if clinically appropriate)	<b>Date:</b>	<b>Parent/Guardian Signature</b> (If appropriate):	<b>Date:</b>
<b>Clinician/Provider - Print Name/Credential:</b> Anna Renner, LMHC	<b>Date:</b>	<b>Supervisor - Print Name/Credential</b> (if needed):	<b>Date:</b>
<b>Clinician/Provider Signature:</b>	<b>Date:</b>	<b>Supervisor Signature</b> (if needed):	<b>Date:</b>
<b>Psychiatrist/MD/DO</b> (If required):	<b>Date:</b>		