

County Report on Psychotropic Medication

The social worker or probation officer must file this form for any hearing for which the court is providing oversight of psychotropic medications. This includes all scheduled progress reviews on orders authorizing psychotropic medication and every status review hearing. If you are filing this form for a status review hearing, file it with the status review hearing report. If you need more space for any of the items, write the item number and additional information on page 4 of this form. If you need more space than page 4, attach a sheet or sheets of paper. If you do not know the answer to a question, write "I do not know."

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

Court fills in case number when form is filed.

Case Number:

1 Your name: _____

2 Your relationship to the child:
 Social worker Probation officer
 Other county staff (specify): _____

3 a. Caregiver's relationship to child: _____
b. Date of last communication with caregiver: _____

4 Child Information
a. Child's height: _____ b. Child's weight: _____
c. Prescribing physician's name: _____
d. Date last seen by prescribing physician: _____
e. Next appointment date: _____
f. Therapist's name: _____
g. Date last seen by therapist: _____

5 List current court-approved psychotropic medications. (Verify that this is what child is taking.)

Name of Medication	Dosage

Name of Medication	Dosage

6 The child is taking the medication in 5. This was verified by child caregiver other (specify): _____

7 The child is not taking the following medication in 5 (specify): _____
This was verified by child caregiver other (specify): _____

Child's name: _____

8 Describe the caregiver's observations regarding how the child's behaviors and/or symptoms have changed since the medication was begun.

9 Describe the caregiver's observations regarding the side effects of the medication.

10 Describe any concerns the caregiver has regarding the medication.

11 Describe what the child says about whether his or her behaviors and/or symptoms have changed since the medication was begun.

12 Describe what the child says about the side effects of the medication.



Case Number:

Child's name: _____

13 Describe any concerns or complaints the child has regarding the medication.

14 List the dates of all medication management appointments since the last court hearing.

15 List the dates and reasons of other follow-up medical appointments since the last court hearing.

16 Describe other mental health treatments that are part of the child's overall treatment plan (for example, frequency and type of counseling, wraparound, etc.) or attach mental health treatment plan from treating clinician.

17 Provide any other information you think the judge should know.
