**ADULT SERVICES**

**BEHAVIOR MANAGEMENT COMMITTEE / HUMAN RIGHTS COMMITTEE**

**REVIEW FORM**

|  |  |  |
| --- | --- | --- |
| **NAME** | **DOB:** | **DATE:** |
| **TARC PC:** | **TCM:** |
| **DIAGNOSIS:** |

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| **PSYCHOTROPIC MEDICATION OR** **MEDS USE TO MANAGE BEHAVIOR** | **TIME AND DOSAGE** | **PURPOSE** | **PRESCRIBING DOCTOR** |
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|  | **SPECIFIC QUESTIONS** | YES | **NO** | **N/A** |
|  | Is there an Informed Consent Form signed for use of psychotropic medication(s)? |  |  |  |
|  | Does the PCSP highlight specific behavioral supports OR have a Behavior Support Plan *(this does not have to be a separate plan – it may be included in the PCSP)*? |  |  |  |
|  | If there is a **restrictive component** of behavior support plan and/or intervention plan, is the risk assessment attached for review? |  |  |  |
|  | If there is a **restrictive component** of behavior support plan and/or intervention plan, is the copy of the Behavior Support Plan and/or Behavior Intervention plan attached for review? |  |  |  |
|  | What are the **restrictive components** that are being reviewed for approval? |
|  | Health concerns/other issues/program changes? If so, please add comments: |

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| **COMMITTEE MEMBERS PRESENT:** |
| **COMMITTEE RECOMMENDATION(S):** |