**DDS PROGRAM REVIEW COMMITTEE FACE SHEET**

**PRC Meeting Date:** Insert PRC Review Date

**Note** – All **Shaded Areas** are for ***DDS Use Only***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REGION (check one):** | NORTH [ ]  | SOUTH [ ]  | WEST [ ]  | STS [ ]  | PUBLIC [ ]  |
| **REVIEW TYPE (check one)**: | INITIAL [ ]  | PAPER [ ]  | PRESENTATION [ ]  |
| **Name:** Insert Individual’s name | **DDS#:** Click or tap here to enter text. | **DOB:** Insert Date of Birth |
| **Residence:** Click or tap here to enter text. | **Agency:** Click or tap here to enter text. |
| **Day Program:** Click or tap here to enter text. | **CM/Contact Person:**  |
| **RN:** Click or tap here to enter text. | **BSP Author:**Click or tap here to enter text. |
| **Person Completing Form:** Click or tap here to enter text. |
| **Email/Phone Number:** Click or tap here to enter text. | **Date Form Completed:** Click or tap to enter a date. |
| **Required documentation that MUST be attached:** **1**. [ ]  Behavior Support Plan w/Functional Assessment **5.** [ ]  Behavior Modifying Medication History Date of Plan:Click or tap to enter a date. **6.** [ ]  TD Screen and Relevant Lab Results**2.** [ ]  Behavioral Data & Graphs **7.** [ ]  Consent Form(s) – Medication and/or Restrictive Proc.**3.** [ ]  Psych/Prescriber Treatment Plan (Optional) **8.** [ ]  Response to & Copy of Most Recent PRC/HRC  Date of Plan: Click or tap to enter a date. Requirements/Suggestions **4.** [ ]  Psych/Prescriber Notes (Three (3) most recent) **9.** [ ]  List of Other Medications |

**PRESCRIBER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prescriber #1 Type:** | **Psychiatrist** [ ]  | **PCP or Other MD** [ ]  | **APRN** [ ]  |
| Prescriber #1 Name: Click or tap here to enter text. | Date of most recent visit: Click or tap to enter a date. |
| **Prescriber #2 Type:** | **Psychiatrist** [ ]  | **PCP or Other MD** [ ]  | **APRN** [ ]  |
| Prescriber #2 Name: Click or tap here to enter text. | Date of most recent visit: Click or tap to enter a date. |

**DSM-5, OR CURRENT EDITION, DIAGNOSES**

|  |
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| **Psychological Disorders:** Click or tap here to enter text. |
| **Cognitive/Personality Disorders (Include ID):** Click or tap to enter a date. |
| **Medical Conditions:** Click or tap here to enter text. |

**PSYCHIATRIC MEDICATION INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Psychiatric Medication #1**: Click or tap here to enter text. | Start date: Click or tap here to enter text. | End date: Click or tap here to enter text. |
| Current | [ ]  | Dosage Begin Date: Click or tap here to enter text. | Reason discontinued/dose changed: Click or tap here to enter text. |
| Add | [ ]  | Total Daily Dosage:Click or tap here to enter text. | Range (Dosage/Blood Level): Click or tap here to enter text. |
| End | [ ]  | Date Consent Signed:Click or tap to enter a date. | PRN: [ ]  YES [ ]  NO  | Prescribed by Prescriber #: Click or tap here to enter text. |
| **DDS Use:**  | **APPROVED:** [ ]  | **DISAPPROVED:** [ ]  | **APPROVED WITH QUALIFICATIONS:** [ ]  | **NOT APPLICABLE (this medication does not require PRC approval):** [ ]  |
| **Psychiatric Medication #2**: Click or tap here to enter text. | Start date: Click or tap here to enter text. | End date: Click or tap here to enter text. |
| Current | [ ]  | Dosage Begin Date: Click or tap here to enter text. | Reason discontinued/dose changed: Click or tap here to enter text. |
| Add | [ ]  | Total Daily Dosage:Click or tap here to enter text. | Range (Dosage/Blood Level): Click or tap here to enter text. |
| End | [ ]  | Date Consent Signed:Click or tap to enter a date. | PRN: [ ]  YES [ ]  NO  | Prescribed by Prescriber #: Click or tap here to enter text. |
| **DDS Use:**  | **APPROVED:** [ ]  | **DISAPPROVED:** [ ]  | **APPROVED WITH QUALIFICATIONS:** [ ]  | **NOT APPLICABLE (this medication does not require PRC approval):** [ ]  |

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| **Psychiatric Medication #3**: Click or tap here to enter text. | Start date: Click or tap here to enter text. | End date: Click or tap here to enter text. |
| Current | [ ]  | Dosage Begin Date: Click or tap here to enter text. | Reason discontinued/dose changed: Click or tap here to enter text. |
| Add | [ ]  | Total Daily Dosage:Click or tap here to enter text. | Range (Dosage/Blood Level): Click or tap here to enter text. |
| End | [ ]  | Date Consent Signed:Click or tap to enter a date. | PRN: [ ]  YES [ ]  NO Click or tap here to enter text. | Prescribed by Prescriber #: Click or tap here to enter text. |
| **DDS Use:**  | **APPROVED:** [ ]  | **DISAPPROVED:** [ ]  | **APPROVED WITH QUALIFICATIONS:** [ ]  | **NOT APPLICABLE (this medication does not require PRC approval):** [ ]  |
| **Psychiatric Medication #4**: Click or tap here to enter text. | Start date: Click or tap here to enter text. | End date: Click or tap here to enter text. |
| Current | [ ]  | Dosage Begin Date: Click or tap here to enter text. | Reason discontinued/dose changed: Click or tap here to enter text. |
| Add | [ ]  | Total Daily Dosage:Click or tap here to enter text. | Range (Dosage/Blood Level): Click or tap here to enter text. |
| End | [ ]  | Date Consent Signed:Click or tap to enter a date. | PRN: [ ]  YES [ ]  NO Click or tap here to enter text. | Prescribed by Prescriber #: Click or tap here to enter text. |
| **DDS Use:**  | **APPROVED:** [ ]  | **DISAPPROVED:** [ ]  | **APPROVED WITH QUALIFICATIONS:** [ ]  | **NOT APPLICABLE (this medication does not require PRC approval):** [ ]  |
| **Psychiatric Medication #5**: Click or tap here to enter text. | Start date: Click or tap here to enter text. | End date: Click or tap here to enter text. |
| Current | [ ]  | Dosage Begin Date: Click or tap here to enter text. | Reason discontinued/dose changed: Click or tap here to enter text. |
| Add | [ ]  | Total Daily Dosage:Click or tap here to enter text. | Range (Dosage/Blood Level): Click or tap here to enter text. |
| End | [ ]  | Date Consent Signed:Click or tap to enter a date. | PRN: [ ]  YES [ ]  NO Click or tap here to enter text. | Prescribed by Prescriber #: Click or tap here to enter text. |
| **DDS Use:**  | **APPROVED:** [ ]  | **DISAPPROVED:** [ ]  | **APPROVED WITH QUALIFICATIONS:** [ ]  | **NOT APPLICABLE (this medication does not require PRC approval):** [ ]  |
| **Psychiatric Medication #6**: Click or tap here to enter text. | Start date: Click or tap here to enter text. | End date: Click or tap here to enter text. |
| Current | [ ]  | Dosage Begin Date: Click or tap here to enter text. | Reason discontinued/dose changed: Click or tap here to enter text. |
| Add | [ ]  | Total Daily Dosage:Click or tap here to enter text. | Range (Dosage/Blood Level): Click or tap here to enter text. |
| End | [ ]  | Date Consent Signed:Click or tap to enter a date. | PRN: [ ]  YES [ ]  NO Click or tap here to enter text. | Prescribed by Prescriber #: Click or tap here to enter text. |
| **DDS Use:**  | **APPROVED:** [ ]  | **DISAPPROVED:** [ ]  | **APPROVED WITH QUALIFICATIONS:** [ ]  | **NOT APPLICABLE (this medication does not require PRC approval):** [ ]  |
|  |
| **NON-Psychotropic Medication Name(s) including those prescribed by neurologist that have behavior modifying properties and/or those prescribed for TD or EPS (i.e., Cogentin, Ingrezza, etc.):**  |
| **Medication**: Click or tap here to enter text. | **Dosage:** Click or tap here to enter text. | **Medication**: Click or tap here to enter text. | **Dosage:** Click or tap here to enter text. |
| **Medication**: Click or tap here to enter text. | **Dosage:** Click or tap here to enter text. | **Medication**: Click or tap here to enter text. | **Dosage:** Click or tap here to enter text. |

**TARDIVE DYSKENESIA & EPS SCREENING**

|  |  |
| --- | --- |
| **Most Recent TD & EPS Screen Date:**Click or tap to enter a date. | **Screening Method:** AIMS[ ]  DISCUS [ ]  OTHER [ ]  |
| **Exam Results (Score/Neg/Probable/etc.):**Click or tap here to enter text. | **If positive, what treatment was prescribed?**Click or tap here to enter text. |

**ADAPTIVE BEHAVIORS AND BEHAVIORS OF CONCERN TRACKED**

|  |  |  |
| --- | --- | --- |
| **1.**Click or tap here to enter text. | **4.** Click or tap here to enter text. | **7.** Click or tap here to enter text. |
| **2.** Click or tap here to enter text. | **5.** Click or tap here to enter text. | **8.** Click or tap here to enter text. |
| **3.** Click or tap here to enter text. | **6.** Click or tap here to enter text. | **9.** Click or tap here to enter text. |
| **DDS Use:** | **Behavior Support Plan** | **Approved** [ ]  | **Disapproved** [ ]  | **Approved with Qualifications** [ ]  |
| **DDS Use:** | **Is the BSP based on an acceptable Functional Assessment?** | **Yes** [ ]  | **No** [ ]  |

**AVERSIVE or RESTRAINT PROCEDURES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Restraint Procedures****(Specify mechanical or physical and each type)** | **Status-Check One**:C=Current/A=Add,needs review | **Consent****Date:** | **DDS Use:****A=Approved****D=Disapproved****AQ= Approved with qualifications** | **Full HRC****Required** |
| **1.**Click or tap here to enter text. |  [ ]  C [ ]  A | Click or tap to enter a date. |  [ ]  A [ ]  D [ ]  AQ |  [ ]  |
| **2.**Click or tap here to enter text. |  [ ]  C [ ]  A | Click or tap to enter a date. |  [ ]  A [ ]  D [ ]  AQ |  [ ]   |
| **3.**Click or tap here to enter text. |  [ ]  C [ ]  A | Click or tap to enter a date. |  [ ]  A [ ]  D [ ]  AQ |  [ ]   |
| **Aversive Procedures****(List each)** | **Status-Check One**:C=Current/A=Add, needs review | **Consent****Date:** | **DDS Use:****A=Approved****D=Disapproved****AQ= Approved with qualifications** | **Full HRC****Required** |
| **1.**Click or tap here to enter text. |  [ ]  C [ ]  A | Click or tap to enter a date. |  [ ]  A [ ]  D [ ]  AQ |  [ ]   |
| **2.**Click or tap here to enter text. |  [ ]  C [ ]  A | Click or tap to enter a date. |  [ ]  A [ ]  D [ ]  AQ |  [ ]   |
| **3.**Click or tap here to enter text. |  [ ]  C [ ]  A | Click or tap to enter a date. |  [ ]  A [ ]  D [ ]  AQ |  [ ]   |

**------------------Remainder of form for DDS Use Only-------------------**

**AGENCY TEAM MEMBERS ATTENDING (IF PRESENTATION)**

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

***CHECK HERE IF PAPER REVIEW ONLY* -** [ ]

**PRC QUALIFICATIONS/REQUIREMENTS/RECOMMENDATIONS/SUGGESTIONS:**

|  |
| --- |
| **\*\*\* Please see attached checklist or below recommendations/comments. \*\*\***Click or tap here to enter text. |

**DDS PRC TEAM AND REGIONAL DIRECTOR SIGNATURES**

|  |  |
| --- | --- |
| **Psychiatrist** | Click or tap here to enter text. |
| **Psychologist** | Click or tap here to enter text. |
| **PRC Team Member(s):** Click or tap here to enter text. | Click or tap here to enter text. |
| **PRC Team Member(s):** Click or tap here to enter text. | Click or tap here to enter text. |
| **HRC Representative** | Click or tap here to enter text. |

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| --- |
| **IS FULL HRC REVIEW RECOMMENDED FOLLOWING THIS PRC REVIEW? YES** [ ]  **NO** [ ]  |
| **Additional Comments:** Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Regional Director** | Click or tap here to enter text. |
| **Medications** | **APPROVED:** [ ]  | **DISAPPROVED:** [ ]  | **APPROVED WITH QUALIFICATIONS:** [ ]  |
| **Behavior Program**  | **APPROVED:** [ ]  | **DISAPPROVED:** [ ]  | **APPROVED WITH QUALIFICATIONS:** [ ]  |
| **HRC Items**  | **APPROVED:** [ ]  | **DISAPPROVED:** [ ]  | **APPROVED WITH QUALIFICATIONS:** [ ]  |
| **Additional Comments:** Click or tap here to enter text. |
| **Date signed:** Click or tap to enter a date. |

|  |  |
| --- | --- |
| **NEXT PRC DATE:** Click or tap to enter a date. | **PRC MATERIALS DUE DATE:** Click or tap to enter a date. |
| **Next PRC Review TYPE:** [ ]  **Presentation** [ ]  **Paper**  |