**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**

|  |
| --- |
| **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):** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. |

|  |
| --- |
| **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** | |