

THIS SECTION TO BE COMPLETED BY DCF STAFF		
Child's LAST Name:	Child's FIRST Name:	Date of Birth:
Reviewer findings and comments:		
Most recent labs/monitoring data:		
*** PLEASE FOLLOW THE DOSING AND MONITORING GUIDELINES LOCATED IN APPENDIX II: PSYCHOTROPIC MEDICATION MONITORING PROTOCOLS FOUND ON THE DCF WEBSITE (https://portal.ct.gov/DCF/CMCU/Home)***		
DECISION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Modified <input type="checkbox"/> Discontinuation <input type="checkbox"/> 30 Day Approval <input type="checkbox"/> Denied-Baseline Incomplete		
<input type="checkbox"/> 30 Day Approval - Per DCF monitoring guidelines, baseline studies are required for CMCU to provide initial consent for the following medications: Lithium, Valproic Acid, Carbamazepine, and atypical antipsychotics including Clozapine. Treatment may continue provided that the CMCU receives the monitoring data within 30 days.		
Signature:	Phone Number:	Date:

NOTE: Decisions may be appealed by the provider to the Chief of Psychiatry at: 860-704-4035