



HOW TO USE THIS FORM:

1. This form is to be used for DCF-committed children **only**.
2. For children on a 96-hour hold, an order of temporary custody or in care pursuant to the Voluntary Services Program, DCF does not have the authority to give consent. Please contact the DCF Social Worker to find out who the consenting guardian is (generally the parent).
3. When the child is DCF-committed, please specify the person to receive the consent decision and the fax number or email address to which the decision is to be sent.
4. Every time a child changes providers or settings, a new DCF-465 must be submitted to the Centralized Medication Consent Unit (CMCU).
5. If the plan is to continue the current psychotropic medication regimen **without any changes**, the medications may be given while waiting for the response from the CMCU.
6. After hours, a request to initiate new medications may be made by inpatient units or emergency rooms only. See below for how to contact the Careline.
7. For requests to start lithium, valproic acid, atypical antipsychotics including clozapine, and carbamazepine, baseline studies must be documented in Section VIII - Monitoring Studies prior to approval.

Weekdays - (Monday through Friday, 8 a.m. to 5 p.m.)

- * Fax or email the completed and signed form to the Centralized Medication Consent Unit (CMCU).
Fax to: 1-877-DCF-DRUG (1-877-323-3784) or email to: getmeds.dcf@ct.gov
- * CMCU staff will send the response to the fax number or email address the provider identifies on the form.
- * Designated Area Office staff and the provider will be notified of the decision by CMCU staff.
- * **Do not send the DCF-465 to the DCF Area Office Social Worker.**

After Hours – for requests from inpatient units or emergency rooms only:

(Monday through Friday after 5 p.m. or weekends, state furlough days and state holidays)

- * **CALL THE DCF CARELINE** at 1-800-842-2288 to notify them of the request; **AND**
- * Fax or email the DCF 465 to the DCF Careline **AS ARRANGED DURING THE CALL.**

Medication for Emergency Use is covered by CT General Statute §17a-81.

- * Emergency use includes those situations in which the physician concludes that the treatment is necessary to prevent serious harm to the child.
- * Complete the DCF-465 for emergency-use psychotropic medications within three days and send to the CMCU fax number.

Psychotropic Medication Monitoring Protocols, DCF-Approved Medications and Daily Dosages and Maximum Daily Dosages are available on the DCF Website, Centralized Medication Consent Unit: <https://portal.ct.gov/DCF/CMCU/Home>

If you have any questions regarding this process, or if you haven't received a call back or completed response within one business day for a hospital request or within three business days for non-hospital requests, please contact 860-704-4035.

Section I:		
Name of Child: _____	Date of Birth: _____	Gender: _____
Prescriber: _____	Tel # (cell): _____	
Return Response To: FAX #: _____	E-mail: _____	
Contact Person (if not prescriber): _____	Tel#: _____	

Section II: Child Current Placement:	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Subacute/PRT
<input type="checkbox"/> Safe Home/Shelter	<input type="checkbox"/> Foster Home
<input type="checkbox"/> Detention	<input type="checkbox"/> Residential
<input type="checkbox"/> Group Home	
Name of Treatment Setting: _____	
Date Last Seen by Prescriber: _____	<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow Up Assessment Next Appointment: _____

Section III: Reason for Psychotropic Medication Request: (Check all that apply)	
<input type="checkbox"/> Dosage Adjustment	<input type="checkbox"/> Notification of Emergency Use
<input type="checkbox"/> Request for Non-DCF Approved Medication*	
<input type="checkbox"/> New Medication	<input type="checkbox"/> Yearly Renewal (required)
<input type="checkbox"/> Medication Cross Taper	
<input type="checkbox"/> Discontinuation	
<input type="checkbox"/> Continue Current Medication (May continue current medications while awaiting consent from CMCU)	

Section IV: Current Medications	
Current Psychotropic Medications:	Current Non-Psychotropic Medications

Allergies: _____

Section V: DSM-V Diagnoses	
List Primary Psychiatric Diagnoses	List Primary Medical Diagnoses

Section VI: Clinical Reasons for Request:					
Please summarize reason for request:					
Section VII: Requested Psychotropic Medication Change*:					
Medication/Dose/Range/Route:	Target Symptoms			Cross Taper Plan (timeframe)	
Section VIII: Monitoring Studies*					
■ Per CMCU Bolded Baseline Study Guidelines Are Mandatory ■ Document Abnormal Results Below					
BP:	Pulse:	HT:	WT:	BMI%:	Date Completed:
AIMS:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Results (if abnormal)		Date Completed:
Labs:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Results (if abnormal)		Date Completed:
Drug Levels:	Lithium	VPA	Tegretol	Other	Date Completed:
EKG (most recent)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Results (if abnormal)		Date Completed:
Cardiac History	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<input type="checkbox"/> Unknown		Date Completed:
*Baseline Lithium	<input type="checkbox"/> CBC	<input type="checkbox"/> BUN/Cr	<input type="checkbox"/> Sodium	<input type="checkbox"/> TSH	<input type="checkbox"/> Potassium
*Baseline Valproic Acid:	<input type="checkbox"/> CBC	<input type="checkbox"/> AST/ALT			Date Completed:
*Baseline Atypical Antipsychotic	<input type="checkbox"/> AIMS	<input type="checkbox"/> AST/ALT	<input type="checkbox"/> Fasting lipids	<input type="checkbox"/> Fasting Glucose	
*Baseline Clozapine	<input type="checkbox"/> CBC	<input type="checkbox"/> Fasting Lipids	<input type="checkbox"/> Fasting Glucose	Results (if abnormal)	
*Baseline Carbamazepine	<input type="checkbox"/> CBC	<input type="checkbox"/> AST/ALT	<input type="checkbox"/> Sodium	<input type="checkbox"/> EKG	
Pregnancy Test Results:					
* Document Abnormal Results:					