

County of San Bernardino Department of Behavioral Health

MEDICATION MONITORING QUESTIONNAIRE

CLINIC _____ DATE _____ PHYSICIAN REVIEWED _____

CHART NUMBER _____ REVIEWED BY _____

Standard Compliance – 100%

Required Compliance – 90%

		YES	NO	N/A	IF NO, EXPLAIN OR GIVE EXAMPLE
Part I					
1.	Is consent form for use of psychotropic medications (major tranquilizers or neuroleptics, lithium, and antidepressants) signed by physician and patient/conservator/guardian or parent?			5	
	a. If patient did not sign, is it documented that patient refused to sign?			2	
	b. Are the specific names of meds listed in the consent form and updated with client signature as the meds are changed?			2	
2.	Is there documentation concerning the patient's ability to manage his/her own medication regimen?			2	
3.	Has the physician documented the exact dosage of the medication?			5	
Part II					
1.	Is there documentation focusing on patient's recovery?			5	
2.	Is there yearly documentation of:				
	a. Annual Physical Assessment Form on file?			4	
	b. AIMS scale?			4	
	c. Lab reports on file if appropriate?			4	
	d. Target symptoms and collateral information to justify diagnosis.			8	
3.	Is there documentation of the target symptoms and response to medication?			10	
4.	Is the dosage within the recommended range for that medication or is there a valid documented reason for not using the recommended dosage?			10	
5.	Is the duration of therapy appropriate?			2	
	a. If not, is it justified in the ID notes?			2	
6.	If there is a concomitant prescription (including over-the-counter meds):				
	a. Is the multiple combination an appropriate one and reason for it documented?			5	

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		YES	NO	N/A	IF NO, EXPLAIN OR GIVE EXAMPLE
	b. Is there a discontinuance order for the prior prescription(s) when drugs are changed?			2	
7.	Is there documentation of presence or absence of TD and other side effects? If present, is there documentation that patient was informed and type of intervention used?				
	a. TD mentioned?			4	
	b. Other side affects?			2	
	c. Patient informed?			2	
	d. Intervention?			2	
8.	Is the number of pills dispensed commensurate with the dosage prescribed?			3	
9.	Is there documentation of patient compliance with the prescribed plan?			2	
10	If there is no improvement or worsening of symptoms, is the medication discontinued or changed?			2	
Part III					
1.	Medication Plan is consistent with diagnosis and dysfunction.			3	
2.	Medication Plan includes modality and frequency of service.			2	
3.	Interventions in progress notes are consistent with Plan interventions.			3	
4.	Medication Plan is present in the chart in first two months.			1	
5.	Is there a signature of MD providing the service?			1	
6.	Medication Plan is rewritten and/or updated at least annually.			1	
TOTALS (Values Total 100)					