Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP _____

Chart Abstraction—Part D

PSYCHIATRIC MEDICATIONS

EXPLANATION SHEET

A. Event number

B. Event date (mm/dd/yyyy format)

C. Medication name

D. Dosage (total daily dosage in mg) note: prn=998, unknown=999

E. Medication class

1. SSRI (Celexa, Prozac, Paxil, Zoloft, Luvox, Lexapro)
2. SNRI (Effexor, Pristiq, Cymbalta)
3. Buproprion (Wellbutrin)
4. Tricyclic (Elavil, Pamelor, Sinequan, Tofranil)
5. Benzodiazepine (Ativan, Klonopin, Valium, Xanax)
6. Other antidepressants (Serzone, Buspar, Remeron)
7. Other psychiatric (e.g., psychotropic such as Seroquel)

F. Medication status

1. Continued (Stop)
2. Started (Continue to Boxes G and H)
3. Discontinued (Continue to Box H)
4. Increased (Continue to Boxes G and H)
5. Decreased (Continue to Boxes G and H)
6. Switched to anther medication (Continue to Boxes G and H)
7. Unknown (Stop)

G. Prescribed Dosage (total daily dosage in mg) note: prn=998, unknown=999

H. Reason(s) for change in medication status

1. Felt better/no longer symptomatic
2. Ineffective
3. Side effects
4. Ran out, and re-started
5. Could not afford/changed insurance/lost coverage
6. No longer interested in meds
7. Treatment of other symptoms
8. Possible interference with another drug/medical condition
9. Psychiatrist recommended (PCP just documented)
10. Not able to determine
11. Other ⇐ Please specify (Box I)

Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP _____

PSYCHIATRIC MEDICATIONS ENTRY FORM

1. Was an anxiolytic/antidepressant medication prescribed during **12 months after date of referral**? □ (0) No □ (1) Yes
   (**Note:** Use all EpicCare documentation, including notes from Care Manager if applicable.)

A. Event Number	**B. Event Date** (mm/dd/yyyy)	**C. Medication Name**	**D. Dosage at visit** (total daily dose in mg) prn=998	**E. Medication Class**	**F. Medication Status**	**G. Prescribed Dosage** (total daily dose in mg) prn=998	**H. Reason(s) for change in medication**
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Event Number	**I. Comments**

Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP _____

A. Event Number	B. Event Date (mm/dd/yyyy)	C. Medication Name	D. Dosage at visit (total dose in mg) prn=998	E. Medication Class	F. Medication Status	G. Prescribed Dosage (total dose in mg) prn=998	H. Reason(s) for change in medication
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							

Event Number	I. Comments

Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP _____

A. Event Number	B. Event Date (mm/dd/yyyy)	C. Medication Name	D. Dosage at visit (total dose in mg) prn=998	E. Medication Class	F. Medication Status	G. Prescribed Dosage (total dose in mg) prn=998	H. Reason(s) for change in medication
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							
34.							
35.							
36.							

Event Number	I. Comments

Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP _____

A. Event Number	B. Event Date (mm/dd/yyyy)	C. Medication Name	D. Dosage at visit (total dose in mg) prn=998	E. Medication Class	F. Medication Status	G. Prescribed Dosage (total dose in mg) prn=998	H. Reason(s) for change in medication
37.							
38.							
39.							
40.							
41.							
42.							
43.							
44.							
45.							
46.							
47.							
48.							

Event Number	I. Comments

Referral Date: _____ Subject ID: _____ Nurse Initials: _____ PCP _____

A. Event Number	B. Event Date (mm/dd/yyyy)	C. Medication Name	D. Dosage at visit (total dose in mg) prn=998	E. Medication Class	F. Medication Status	G. Prescribed Dosage (total dose in mg) prn=998	H. Reason(s) for change in medication
49.							
50.							
51.							
52.							
53.							
54.							
55.							
56.							
57.							
58.							
59.							
60.							

Event Number	I. Comments
