

Psychopharmacology Progress Note

This note is to be completed **ONLY** by a psychiatrist or advanced practice nurse with prescribing privileges for a psychopharmacology service.

Data Field	Identifying Information Instructions
Person's Name	Record the first name, middle initial, and last name of the person. Order of name is at agency discretion.
Record Number	Record your agency's established identification number for the person.
DOB	Record person's date of birth.
Organization Name	Record the organization for whom you are delivering the service.
List of Names of Persons Present	Check appropriate box: <i>Person Present</i> ; <i>No Show</i> ; <i>Person Cancelled</i> . If <i>Provider Cancelled</i> is checked, document explanation as relevant. If <i>Others Present</i> is checked, identify name(s) and relationship(s) to person.
Interim History	Document an interval history of client including progress made since last session, effectiveness of medications, progress related to symptoms, substance use, significant new issues, changes in family and social history and overall functioning.
Data Field	Prescriber's Evaluation
Mental Status Examination	Comment on current areas of mental status evaluation, including significant changes since last visit. Document any risk issues and if present, document action plan to address.
Takes meds as prescribed	Record whether medication was taken as prescribed since last session, <i>yes/no</i> or <i>n/a</i> . Provide additional relevant information after <i>Comments</i> .
Side Effects	Record whether side effects are present or occurred since last session, <i>yes/no</i> or <i>n/a</i> . Provide additional relevant information after <i>Comments</i> , e.g. increased thirst, dizziness, decreased sexual function.
Allergic Reactions	Record any reported or observed allergic reactions to medications. As appropriate, provide additional relevant information after <i>Comments</i> .
Changes in Medical Status	Record whether there have been any changes in medical status since last session, <i>yes/no</i> or <i>n/a</i> . Provide additional relevant information after <i>Comments</i> .
Other Meds	Record any new medications the person has been taking since the last session, e.g. <i>over the counter/herbal/ none/other</i> . Provide additional information after <i>Comments</i> .
Goal(s) Addressed as Per Psychopharmacology Plan	Identify the specific goal(s) and objectives in the Psychopharmacology Action Plan or Individual Action Plan being addressed during this intervention.
Therapeutic Interventions Delivered in Session	Check one or more of the types of interventions delivered in the session: <i>medication management</i> ; <i>medication education/symptom illness management</i> ; <i>injections</i> ; <i>coordination</i> , medical psychotherapy. For additional interventions utilized check <i>other</i> . Describe the content of the interventions. If any off-label usage or more than one anti-psychotic is prescribed it is suggested that the decision-making of the prescriber be carefully documented.

Lab Tests Ordered	Summarize key laboratory test results received and reviewed. Check appropriate box to indicate whether key laboratory test results were <i>ordered</i> or, <i>reviewed</i> (with person). If lab results were <i>not received</i> , describe action to be taken to obtain results.
AIMS Findings	If AIMS (Abnormal Involuntary Movement Scale) test was administered, document findings.
Height/Weight/BMI Blood Pressure/VS	Record information pertaining to person's height, weight, body mass index, blood pressure, and vital signs as relevant. Document if there has been communication between the prescriber and the PCP. Provide additional relevant information as appropriate.
Response to Intervention/ Progress Toward Goals and Objectives	Document person's response to intervention(s) delivered and person's progress towards goals and objectives. If no progress is made over time, this section should also address changes in strategy to produce positive change in the person.
Diagnosis	Document whether the person's diagnosis has changed or not. If diagnosis has changed, check <i>yes</i> and proceed to Comprehensive Assessment Update form.
Data Field	Medication Orders Today
None Prescribed	Check box if no medications are prescribed today. If so, proceed to Next Appointment data field.
Rationale for Changes in Medications	<p>Document rationale for any medication changes. For each medication prescribed, indicate if the medication is renewed(<i>renew</i>) /changed, newly prescribed (<i>new</i>) or discontinued (D/C). Write the name of the medication (<i>med</i>), dosage (<i>dose</i>), frequency (<i>frequency</i>), # of Days, quantity (<i>qty</i>), and number of refills (<i>refills</i>) prescribed.</p> <p>For each new medication prescribed, the person should be given information about medication risks and benefits. Check the appropriate box indicating whether person has given "informed consent", i.e. demonstrated an understanding of medication's risks and benefits. Documentation of "Informed Consent" is mandatory. If the person does not demonstrate an understanding of the risks and benefits, then the prescriber should indicate in the Instructions /Comments Section what steps should be taken.</p> <p>This section should not be a substitute for a complete listing of medications.</p>
Instructions/Comments, as applicable:	Document any additional relevant instructions or psychoeducational information.
Next Appointment	Document timeframe when the person should return to see the prescriber.
Print Provider Name and Signature/ Credentials	Legibly print name and record signature of the prescriber including his/her credentials. Example: Luisa Cabot, MD Print name, sign name with credentials, and date document signed.