Quality Improvement Medication Monitoring Form for Santa Clara County Mental Health

Client Id: 1  
Client Name:  
Provider Name:  
VMC Nbr:  
MD Dx:  
Agency:  
County:  
Contract:  

Current Medication List:  
Drug Name | SIG  
---|---  
258 ARIPIPRAZOLE, 10MG  

Polypharmacy:  
- Antipsych?  
- > 2 antipsychotics  
- ≥ 2 anticonvulsants  
- ≥ 2 antidepressants (same class)  
- ≥ 2 benzodiazepines (BZDs)  
- ≥ 2 antipsychotics  
- ≥ 2 anticonvulsants  
- ≥ 2 antidepressants (same class)  

FDA-app Indication:  
- Yes  
- No  
- NA  

Required Vital Sign (VS)/AIMs/Labs:  
- Provide Patient Lab Slip  
- Y  
- N  
- Decline  
- NA  

LABS:  
- CBC (CLZ, CBZ); Platelets (VPA)  
- LFTs (CBZ, VPA)  
- Drug Level (CBZ, L, VPA)  
- TSH (L, thyroid med)  
- Baseline Preg Test (CBZ/L, VPA)  
- Electrolytes (CBZ, Li)  
- Fasting Glucose (SGA)  
- Lipid Panel (SGA, mirtazapine)  

Is lab assessment consistent w/the Guideline?  
- Yes  
- NA  
- No  

Is there a change in medication?  
- Yes  
- No  

Progress Notes:  
- Is there description of service (eg dx)?  
- Is there a description of Tx response?  
- Is there assessment of med compliance?  
- Is the Tx/Doc consistent w/ the Guideline?  
- Yes  
- NA  
- No  

Is there a description of Tx response?  
- Yes  
- No  

Are side effects assessed?  
- Yes  
- No  

Did the patient have side effects?  
- Yes  
- No  

Is there assessment of med compliance?  
- Yes  
- No  

Is there supportive documentation?  
- Yes  
- No  

Is there a description of Tx response?  
- Yes  
- No  

Type of justification?  
- Dose Adjustment  
- Adjunct therapy  
- Change frequency  
- Other:  

Is there supportive documentation?  
- Yes  
- No  

Is there a change in medication?  
- Yes  
- No  

Is the Tx/Doc consistent w/ the Guideline?  
- Yes  
- NA  
- No  

Audit Date:  
Majid Talebi, RPh, BCPP  

Follow Up Required:  
- Yes  
- No  
- F/U Items:  
- Polypharmacy  
- Consent Form  
- Progress Notes  
- VS/Test/Lab  
- non-FDA use  
- Approx. Reaudit Date:  
- Refer to Medical Director  

Ref. to Medical Director:  
- > 2 antipsychotics  

Comment:  
Rev. 8/12