

Client ID # \_\_\_\_\_

Date of Administration: \_\_\_\_\_

# MEDICATIONS

## CLINICIAN-COMPLETED

1. Is the client currently prescribed an oral antipsychotic medication?

- Yes
- No → *Skip to Q4*
- Don't know → *Skip to Q4*

2. In the following table, find the name of the medication prescribed and check the range that indicates the total mgs prescribed per day. If the prescription includes multiple doses per day, add the different doses to obtain a daily total.

| Medication                               | Range 1                           | Range 2                              | Range 3                           | Dosage not known      |
|--|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------|
| a. Aripiprazole (Abilify)                | <input type="radio"/> <5 mg/day   | <input type="radio"/> 5-15 mg/day    | <input type="radio"/> >15 mg/day  | <input type="radio"/> |
| b. Asenapine (Saphris)                   | <input type="radio"/> <10 mg/day  | <input type="radio"/> 10 mg/day      | <input type="radio"/> >10 mg/day  | <input type="radio"/> |
| c. Brexpiprazole (Rexulti)               | <input type="radio"/> <2 mg/day   | <input type="radio"/> 2-4 mg/day     | <input type="radio"/> >4 mg/day   | <input type="radio"/> |
| d. Chlorpromazine (Largactil, Thorazine) | <input type="radio"/> <400 mg/day | <input type="radio"/> 400-600 mg/day | <input type="radio"/> >600 mg/day | <input type="radio"/> |
| e. Clozapine (Clozaril)                  | <input type="radio"/> <200 mg/day | <input type="radio"/> 200–600 mg/day | <input type="radio"/> >600 mg/day | <input type="radio"/> |
| f. Fluphenazine (Prolixin)               | <input type="radio"/> <2.5 mg/day | <input type="radio"/> 2.5-5.0 mg/day | <input type="radio"/> >5.0 mg/day | <input type="radio"/> |
| g. Haloperidol (Haldol)                  | <input type="radio"/> <2 mg/day   | <input type="radio"/> 2–6 mg/day     | <input type="radio"/> >6 mg/day   | <input type="radio"/> |
| h. Loxapine (Loxitane)                   | <input type="radio"/> <10 mg/day  | <input type="radio"/> 10–25 mg/day   | <input type="radio"/> >25 mg/day  | <input type="radio"/> |
| i. Lurasidone (Latuda)                   | <input type="radio"/> <40 mg/day  | <input type="radio"/> 40–80 mg/day   | <input type="radio"/> >80 mg/day  | <input type="radio"/> |
| j. Olanzapine (Zyprexa, Ozace)           | <input type="radio"/> <5 mg/day   | <input type="radio"/> 5-15 mg/day    | <input type="radio"/> >15 mg/day  | <input type="radio"/> |
| k. Paliperidone (Invega)                 | <input type="radio"/> <3 mg/day   | <input type="radio"/> 3-6 mg/day     | <input type="radio"/> >6 mg/day   | <input type="radio"/> |
| l. Perphenazine (Trilafon)               | <input type="radio"/> <4 mg/day   | <input type="radio"/> 4-12 mg/day    | <input type="radio"/> >12 mg/day  | <input type="radio"/> |
| m. Quetiapine (Seroquel)                 | <input type="radio"/> <300 mg/day | <input type="radio"/> 300–600 mg/day | <input type="radio"/> >600 mg/day | <input type="radio"/> |
| n. Risperidone (Risperdal, Zepidone)     | <input type="radio"/> <2 mg/day   | <input type="radio"/> 2–4 mg/day     | <input type="radio"/> >4 mg/day   | <input type="radio"/> |
| o. Ziprasidone (Geodon, Zeldox)          | <input type="radio"/> <40 mg/day  | <input type="radio"/> 40-160 mg/day  | <input type="radio"/> >160 mg/day | <input type="radio"/> |

**3. If the client is prescribed an oral antipsychotic not listed above, indicate the name and daily dose.**

Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

**4. Is the client currently prescribed a Long-Acting Injectable (LAI)?**

- Yes
- No → *Skip to Q7*
- Don't Know → *Skip to Q7*

**5. In the following table, find the name of the medication prescribed and check the correct dosage.**

| Medication                              | Dosage   |   | Dosage not known            |                       |
|---|--|---|-----------------------------|-----------------------|
| a. Aripiprazole<br>(Abilify Maintena)   | <input type="radio"/> 300mg<br><input type="radio"/> 400mg | <input type="radio"/> other: _____                          | <input type="radio"/>       |                       |
| b. Aripiprazole<br>(Aristada Lauroxil)  | <input type="radio"/> 441mg<br><input type="radio"/> 662mg | <input type="radio"/> 882mg<br><input type="radio"/> 1064mg | <input type="radio"/>       |                       |
| c. Fluphenazine<br>(Prolixin Decanoate) | <input type="radio"/> 25mg<br><input type="radio"/> 37.5mg | <input type="radio"/> 50mg<br><input type="radio"/> 75mg    | <input type="radio"/> 100mg | <input type="radio"/> |
| d. Haloperidol<br>(Haldol Decanoate )   | <input type="radio"/> 50mg<br><input type="radio"/> 100mg  | <input type="radio"/> 150mg<br><input type="radio"/> 200mg  | <input type="radio"/>       |                       |
| e. Olanzapine<br>(Zyprexa Relprevv)     | <input type="radio"/> 150mg<br><input type="radio"/> 210mg | <input type="radio"/> 300mg<br><input type="radio"/> 405mg  | <input type="radio"/>       |                       |
| f. Paliperidone<br>(Invega Sustenna)    | <input type="radio"/> 39mg<br><input type="radio"/> 78mg   | <input type="radio"/> 117mg<br><input type="radio"/> 156mg  | <input type="radio"/> 234mg | <input type="radio"/> |
| g. Paliperidone<br>(Invega Trinza)      | <input type="radio"/> 273mg<br><input type="radio"/> 410mg | <input type="radio"/> 546mg<br><input type="radio"/> 819mg  | <input type="radio"/>       |                       |
| h. Risperidone<br>(Risperdal Consta)    | <input type="radio"/> 12.5mg<br><input type="radio"/> 25mg | <input type="radio"/> 37.5mg<br><input type="radio"/> 50mg  | <input type="radio"/>       |                       |
| i. Risperidone<br>(Perseris)            | <input type="radio"/> 90mg<br><input type="radio"/> 120mg  |   | <input type="radio"/>       |                       |

**6. If the client is prescribed an LAI not listed above, indicate the name and dose.**

Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

**7. Is the client currently prescribed any other psychotropic medications?**

- Yes
- No → *Skip to next section*

**8. Indicate all psychotropic medications prescribed.**

Check all that apply.

***Antidepressants***

- Bupropion Hcl (Wellbutrin)
- Citalopram Hydrobromide (Celexa)
- Duloxetine Hcl (Cymbalta)
- Desvenlafazine (Pristiq)
- Escitalopram Oxalate (Lexapro)
- Fluoxetine Hcl (Prozac)
- Mirtazapine (Remeron)
- Paroxetine Hcl (Paxil)
- Sertraline Hcl (Zoloft)
- Venlafaxine Hcl (Effexor XR)
- Vilazodone (Viibryd)
- Vortioxetine (Brintellix)
- Other (Specify: \_\_\_\_\_)

***Benzodiazepines***

Lorazepam (Ativan)

- Daily
- PRN

Clonazepam (Klonopin)

- Daily
- PRN

***Sedative/hypnotics***

- Zolpidem (Ambien)

***Mood Stabilizers***

- Carbamazepine (Tegretol)
- Divalproex/ Valproic acid (Depakote)
- Lamotrigine (Lamictal)
- Lithium Citrate (Lithium)
- Lithium Carbonate (Eskalith)
- Oxcarbazepine (Trileptal)
- Topiramate (Topamax)

***ADHD medications***

- Amphetamine (Adderall, Vyvanse)
- Methylphenidate (Ritalin, Concerta)
- Guanfacine (Intuniv)
- Atomoxetine (Strattera)

***Anxiolytic***

- Buspirone (Buspar)

***Smoking Cessation***

- Bupropion Hcl (Zyban)
- Varenicline (Chantix)

***Other***

- Gabapentin (Gralise)
- Trazodone Hcl (Desyrell)
- Other (Specify: \_\_\_\_\_)