JV-220(A) **Prescribing Physician's Statement—Attachment**

Case Number:

This form must be completed and signed by the prescribing physician. Read JV-219-INFO, *Information About Psychotropic Medication Forms,* for more information about the required forms and the application process.

(1) Information about the child *(name):* _____

Date of birth: _____ Current height: _____ Current weight: _____

Gender: _____ Ethnicity: _____

(2) Type of request:

a. ☐ An initial request to administer psychotropic medication to this child

b. ☐ A request to continue psychotropic medication the child is currently taking

(3) ☐ This application is made during an emergency situation. The emergency circumstances requiring the temporary administration of psychotropic medication pending the court's decision on this application are:

_____

_____

_____

(4) Prescribing physician:

a. Name: _____ License number: _____

b. Address: _____

c. Phone numbers: _____

d. Medical specialty of prescribing physician:

☐ Child/adolescent psychiatry ☐ General psychiatry ☐ Family practice/GP ☐ Pediatrics

☐ Other *(specify):* _____

(5) This request is based on a face-to-face clinical evaluation of the child by:

a. ☐ the prescribing physician on *(date):* _____

b. ☐ other *(provide name, professional status, and date of evaluation):* _____

_____

(6) Information about child provided to the prescribing physician by *(check all that apply):*

☐ child ☐ caregiver ☐ teacher ☐ social worker ☐ probation officer ☐ parent

☐ records *(specify):* _____

☐ other *(specify):* _____

(7) Describe the child's symptoms, including duration as well as the child's response to any current psychotropic medication. If the child is not currently taking psychotropic medication, describe treatment alternatives to the proposed administration of psychotropic medication that have been tried with the child in the last six months. If no alternatives have been tried, explain the reasons for not doing so.

_____

_____

_____

_____

_____

_____

Child's name: _____ **Case Number:**

(8) Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (provide full Axis I and Axis II diagnoses; inclusion of numeric codes is optional):*

(9) Therapeutic services, other than medication, in which the child will participate during the next six months *(check all that apply; include frequency for group therapy and individual therapy):*

a. ☐ Group therapy: _____ b. ☐ Individual therapy: _____

c. ☐ Milieu therapy *(explain):* _____

d. ☐ Other modality *(explain):* _____

(10) a. Relevant medical history *(describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results):*

b. Relevant laboratory tests performed or ordered *(optional information; provide if required by local court rule):*

☐ kidney function ☐ liver function ☐ thyroid function ☐ UA ☐ glucose ☐ lipid panel

☐ CBC ☐ EKG ☐ pregnancy ☐ medication blood levels *(specify):* _____

☐ other *(specify):* _____

(11) **Mandatory Information Attached:** Significant side effects, warnings/contraindications, drug interactions (including those with continuing psychotropic medication and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each recommended medication are included in the attached material.

(12) a. ☐ The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was

☐ agreeable ☐ other *(explain):* _____

b. ☐ The child has not been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions because:

(1) ☐ the child is too young.

(2) ☐ the child lacks the capacity to provide a response *(explain):* _____

(3) ☐ other *(explain):* _____

(13) The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions. The caregiver's response was ☐ agreeable ☐ other *(explain):*

(14) Additional information regarding medication treatment plan: _____

Case Number:

Child's name: _____

15 List all psychotropic medications currently administered that you propose to continue and all psychotropic medications you propose to begin administering. Mark each psychotropic medication as New (N) or Continuing (C). Administration schedule is optional information; provide if required by local court rule.

Medication name (generic or brand) and symptoms targeted by each medication's anticipated benefit to child	*or N*	*total mg/day*	*Treatment duration**	*Administration schedule (optional)* • Initial and target schedule for new medication • Current schedule for continuing medication Provide mg/dose and # of doses/day If PRN, provide conditions and parameters for use
Med: Targets:				
Med: Targets:				
Med: Targets:				
Med: Targets:				
Med: Targets:				

**Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.*

16 List all psychotropic medications currently administered that will be stopped if this application is granted.

Medication name (generic or brand)	*Reason for stopping*

17 **List the psychotropic medications that you know** were taken by the child in the past and the reason or reasons these were stopped if the reasons are known to you.

Medication name (generic or brand)	*Reason for stopping*

Date: _____

_____ ▶ _____

Type or print name of prescribing physician *Signature of prescribing physician*

JV-220 Application Regarding Psychotropic Medication

Attach a completed and signed JV-220(A), *Prescribing Physician's Statement—Attachment*, with all its attachments, must be attached to this form before it is filed with the court. Read JV-219-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth

Child's Name:

Date of Birth:

Clerk fills in case number when form is filed.

Case Number:

(1) Information about where the child lives:

a. The child lives ☐ with a relative ☐ in a foster home
☐ with a nonrelative extended family member
☐ in a regular group home ☐ in a level 12–14 group home
☐ at a juvenile camp ☐ at a juvenile ranch
☐ other *(specify)*: _____

b. If applicable, name of facility where child lives: _____

c. Contact information for responsible adult where child lives:
(1) Name: _____
(2) Phone: _____

(2) Information about the child's current location:

a. ☐ The child remains at the location identified in (1)
b. ☐ The child is currently staying in:
(1) ☐ a psychiatric hospital *(name)*: _____
(2) ☐ a juvenile hall *(name)*: _____
(3) ☐ other *(specify)*: _____

(3) Child's ☐ social worker ☐ probation officer
a. Name: _____
b. Address: _____
c. Phone: _____ Fax: _____

(4) Number of pages attached: _____

Date: _____

_____
Type or print name of person completing this form

▶ _____
Signature

☐ Child welfare services staff *(sign above)*
☐ Probation department staff *(sign above)*
☐ Medical office staff *(sign above)*
☐ Caregiver *(sign above)*
☐ Prescribing physician *(sign on page 3 of JV-220(A))*