

**SONOMA COUNTY BEHAVIORAL HEALTH**  
**Medication Monitoring Checklist**  
(Review 1 year of MD Notes for the items  
below)

Review Date: \_\_\_\_\_

Fiscal Year  
Reviewed: \_\_\_\_\_

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Reviewing Physician: \_\_\_\_\_

REVIEW CHECK LIST: A response must be provided to all questions. If a **NO** response is checked, is there a rationale documented in the chart? Use page 2 for any explanation or discussion.

**N/A YES NO**

***NO MEDICATIONS ARE CURRENTLY PRESCRIBED***

1. Does the reviewer agree with the appropriateness of the decision based on the documented clinical evidence?

***APPROPRIATENESS OF PRESCRIBED MEDICATIONS***

2. Are appropriate medications prescribed for the diagnosed condition or clinical situation?
3. If more than two intra-class psychotropic medications are prescribed, is there adequate clinical justification and documentation?
4. If more than five total psychotropic medications are prescribed, is there adequate clinical justification and documentation?

***CLINICAL MONITORING OF PRESCRIBED MEDICATIONS***

5. Is there documented evidence that side effects are being monitored and addressed?
6. Is there documented evidence that client adherence to the treatment regimen has been evaluated?
7. If substance use disorder(s) are present, are the diagnoses documented, and are there interventions addressing the SUD(s)?
8. If the medication(s) used requires initial and/or ongoing lab work, has that lab work been obtained, reviewed and documented in the proper time frames?
9. If lab abnormalities are present, are they documented and is there a plan to address these abnormalities, including possible referral(s) to general medical and/or specialty provider(s)?
10. For clients on antipsychotic medications, are baseline and subsequent metabolic parameters recorded on the Metabolic Monitoring Flow Sheet? (Parameters include Blood Pressure, BMI, fasting blood sugar and lipids).

***COMPLIANCE ISSUES WITH PRESCRIBED MEDICATIONS***

11. Are the appropriate medication consent forms completed, accurate, updated every 2 years, and in Spanish if indicated? Medication Consents can be accessed in AVATAR by running the MHS 110 Psychiatric Med Consent Report.
12. Are diagnoses and/or diagnostic impressions listed on each note?
13. Are the "Current Medication Orders" updated in AVATAR at each MD visit?
14. Have efforts been made to obtain appropriate medical care as needed?
15. Are the "Medications Not Prescribed" by SCBH updated in AVATAR at each MD visit?  
(Run the "External RX HX" report from the Medication Orders" screen in AVATAR to verify)

**RECOMMENDATIONS FROM REVIEWING PHYSICIAN:**

**PRESCRIBING PHYSICIAN RESPONSE TO RECOMMENDATIONS:**

MD Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MD Printed Name: \_\_\_\_\_

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**Explanation/Rationale for "NO's"**

Question :

Question :

Question :

Question :

Question :

Question :

Question :