

MEDICATION MANAGEMENT WORKSHEET

CLIENT'S NAME & CID # _____

Pertinent Vitals/Labs _____

Pulse _____ BP _____ Temp _____ Weight _____ Fasting Plasma Glucose _____ Fasting Lipid Profile _____

| Current Medications –Center Prescribed | # | # Refills | Mental Status | | | | | | |
|--|---|---|--|-------------|---|---|-------|--|--|
| | | | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">AFFECT/MOOD</td> <td> <input type="checkbox"/> anxious/worked <input type="checkbox"/> flat <input type="checkbox"/> depressed <input type="checkbox"/> mood swings <input type="checkbox"/> composed </td> <td> <input type="checkbox"/> hostile <input type="checkbox"/> euphoric <input type="checkbox"/> labile <input type="checkbox"/> suspicious </td> </tr> <tr> <td>SLEEP</td> <td> <input type="checkbox"/> insomnia <input type="checkbox"/> hypersomnia <input type="checkbox"/> nightmares </td> <td> <input type="checkbox"/> short intervals <input type="checkbox"/> early awakening </td> </tr> </table> | AFFECT/MOOD | <input type="checkbox"/> anxious/worked <input type="checkbox"/> flat <input type="checkbox"/> depressed <input type="checkbox"/> mood swings <input type="checkbox"/> composed | <input type="checkbox"/> hostile <input type="checkbox"/> euphoric <input type="checkbox"/> labile <input type="checkbox"/> suspicious | SLEEP | <input type="checkbox"/> insomnia <input type="checkbox"/> hypersomnia <input type="checkbox"/> nightmares | <input type="checkbox"/> short intervals <input type="checkbox"/> early awakening |
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...I can avoid our "bad" stuff ... constantly in trouble ... by downloading it onto ...
 ... the scapegoat ...
 ... talented and creative ...
 ... animals material ... feelings lonely ... about this kid ...
 ... possessions ...
 ... quieter, good listeners, ...
 ... sometimes has ... sometimes has ...
 ... connected with time ... learning ...

... responsibility ...
 ... Additio