

**SENIORS AND PEOPLE WITH DISABILITIES SERVICES
STATE-OPERATED COMMUNITY PROGRAM**

BALANCING FORM

NAME: _____ SITE: _____
MEDICATION NAME: _____ DOSAGE: _____
PRESCRIBED BY: _____ DATE PRESCRIBED: ____ / ____ / ____

OREGON ADMINISTRATIVE RULES

- (1) Requirements: Medication for behavior shall be:
 - (a) Prescribed by physician through written order; and
 - (b) Included on the individuals' ISP.

- (2) Balancing Test. The use of medications for behavior shall be based on a physician's decision that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the medication. Service providers must present the physician with a full and clear description of the harmful behavior to be addressed, as well as any side effects observed to enable the physician to make this decision.

- (3) Monitoring and Review. Medications for behavior shall be:
 - (a) Monitored by the prescribing physician, ISP Team and program for desired responses and adverse consequences; and
 - (b) Reviewed to determine the continued need and/or lowest effective dosage in a carefully monitored program.PRN/Psychotropic medication prohibited. PRN orders shall not be allowed for psychotropic medication.

SERVICE PROVIDER

Describe the Behavior and its potentially harmful effects:

Describe the potential side effects of the medication:

PHYSICIAN'S DISCUSSION

(2) The Service providers have presented a full and clear description of the harmful behavior:
Y N

(2) The harmful effects of the behavior outweigh the potential side effects of the medication:
Y N

(3a) MONITORING REQUIREMENTS:

By Prescribing Physician: _____

By Service Provider: _____

PHYSICIAN'S SIGNATURE: _____ DATE _____