**[DATE]**

Alison Bort, J.D., Ph.D.

Psychiatric Security Review Board

610 SW Alder Street #420

Portland, OR 97205

Fax #503-224-0215

Re: **[Client]**

Dear Dr. Bort,

**[Medication Prescriber]**, has notified us of [**his/her**] plan to **[reduce/change]** **[Client]**'s **[Medication]** in order to **[describe reason for medication change (e.g. reduce side effects associated with high doses; tapered dose will achieve same therapeutic level; tolerance effects; new medication believed to be more effective)].** **[Client]** will continue to receive **[Dosage]** of **[Medication]** in the morning. However, his bedtime dose will be decreased from **[Current Dosage]** to **[New Dosage]**. The anticipated start date of this new medication is **[Date]**. As **[Medication Prescriber]** is well aware of the risks associated with **[Client]**'s [**sensitivity to medication changes and reductions**], he has ordered a very small reduction and does not anticipate any significant changes to **[Client]**'s mental status. For your convenience, the attached progress note describes the goals of this medication change.

**[Client]**'s warning signs for psychiatric decompensation include: **[mood instability; decreased sleep; irritability/anger; excessively calling people on the phone; bizarre actions; erratic spending of money; hyperreligiosity; hyperactivity; hallucinations of religious imagery; auditory hallucinations; suicidal ideation; agitation; paranoia, including but not limited to fearing for his safety including, the belief people are trying to kill him or his family; delusions of having special powers; and/or threats of harm to others**].

[**Medication Prescriber**] has reviewed the exhibit file for risks associated with previous major psychotropic medication changes. Respite and a higher level of care were considered during the medication change and deemed not clinically necessary, as RTH staff has daily contact with **[Client]**, and we believe the following safety plan will enable us to identify any early warning signs of psychiatric decompensation early so that immediate intervention can occur.

Our safety plan consists of the following:

1. **[Client]** has been made aware of possible side effects and his warning signs were reviewed with him. He will track is symptoms on a symptom tracking log and has agreed to report changes or increases to staff immediately.
2. ABH and RTH staff have been made aware of the medication change, possible side effects, and reminded of **[Client]**'s sensitivity to medication changes and reductions, and his warning signs of psychiatric decompensation have been reviewed with them.
3. RTH staff will have contact with **[Client]** daily to monitor for any changes in psychiatric symptoms or mental status and will track his psychiatric symptoms on a symptoms tracking log twice daily.
4. ABH staff will increase contacts with **[Client]** from a minimum of once weekly to a minimum of 3 times per week in order monitor for any changes in psychiatric symptoms or mental status. The increased contacts will be for a period of 3 weeks, after which time the treatment team will assess the frequency of contacts.
5. RTH and ASH staff will notify the PSRB case manager of any changes in symptoms or mental status immediately so that intervention can occur.
6. **[Medication Prescriber]** is scheduled to see **[Client]** 3 weeks after the start of this reduction, on **[Date]** for follow up. As is standard, staff will utilize emergency services should **[Client]**'s symptoms and/or behaviors become acute or imminently dangerous.

If you have any questions, I can be contacted at **[Phone Number and contact info for Case Manager]**.

**[SIGNATURE]**