

Medication Purpose Form

To ensure we are compliant with reporting any chemical restrictive practices, we require your doctor or treating profession to record the purpose of any medication to be administered while receiving supports at the Y.

We are responsible for reporting medication or chemical substances where the primary purpose is to restrict, modify or influence a person's behaviour.

This form is to understand whether a medication is prescribed to treat:

- a medical condition or
- for behaviour management.

Our reporting requirement include;

- For Medication **not included in BSP**- Reporting with in 24hours to NDIS Commission as a **Unauthorised Restrictive Practice**
- For medication **included** within a Behavior Support Plans (BSP) - Monthly reporting to NDIS Commission of **Regulated restrictive practices**
- If medication is listed for a **medical condition it is not considered a restrictive practices and we are not required** to report medication administration

Medication Purpose Form

To be completed by the treating practitioner

Date of visit:	
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Name of person:		Date of birth:	
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Residential address:	
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Support person attending consult:	
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Treating practitioner's name:	
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Signature:	
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Are you the individual's regular treating practitioner?	Yes		No	
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General Practitioner		Psychiatrist		Neurologist		Other Specify	
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Clinic address:	
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Has a medication information sheet been provided?	Yes		No	
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Medication 1	
PURPOSE OF MEDICATION	
Check appropriate box and provide details	
Physical illness or condition	
Specify:	
Mental health diagnosis	
Specify:	
Behaviour management	
Specify:	
Other	
Specify:	

Medication 2	
PURPOSE OF MEDICATION	
Check appropriate box and provide details	
Physical illness or condition	
Specify:	
Mental health diagnosis	
Specify:	
Behaviour management	
Specify:	
Other	
Specify:	

Medication 3	
PURPOSE OF MEDICATION	
Check appropriate box and provide details	
Physical illness or condition	
Specify:	
Mental health diagnosis	
Specify:	
Behaviour management	
Specify:	
Other	
Specify:	

Medication 4	
PURPOSE OF MEDICATION	
Check appropriate box and provide details	
Physical illness or condition	
Specify:	
Mental health diagnosis	
Specify:	
Behaviour management	
Specify:	
Other	
Specify:	

Medication 5	
PURPOSE OF MEDICATION	
Check appropriate box and provide details	
Physical illness or condition	
Specify:	
Mental health diagnosis	
Specify:	
Behaviour management	
Specify:	
Other	
Specify:	

Medication 6	
PURPOSE OF MEDICATION	
Check appropriate box and provide details	
Physical illness or condition	
Specify:	
Mental health diagnosis	
Specify:	
Behaviour management	
Specify:	
Other	
Specify:	

Medication 7	
PURPOSE OF MEDICATION	
Check appropriate box and provide details	
Physical illness or condition	
Specify:	
Mental health diagnosis	
Specify:	
Behaviour management	
Specify:	
Other	
Specify:	

Medication 8	
PURPOSE OF MEDICATION	
Check appropriate box and provide details	
Physical illness or condition	
Specify:	
Mental health diagnosis	
Specify:	
Behaviour management	
Specify:	
Other	
Specify:	

If additional sheets are required please copy and attach