

Psychiatrist Input for FCAP Report

(This will be an attachment to an email. The body of the email will say something like this: You should have received a letter from the Foster Care Assessment Program regarding (First Name, Last Initial) indicating that the Division of Children and Family Services has referred him/her to our program for assessment. As this child's prescribing psychiatrist, we greatly value your input on this case. Furthermore, we want to ensure that our understanding of his/her current diagnoses and medication is accurate. Please take the time to complete this form.

We will use this information as part of our written assessment. If you prefer to respond to these questions by telephone interview, please let me know and we can arrange a time. We know your time is limited and appreciate your feedback.)

FCAPID: _____

Date Completed: _____

Service Provided: _____

Name of Psychiatrist Completing this Form: _____

1. Service Summary

Referral reason(s): (Why was this child/youth referred to you for evaluation and/or medication management?)

Treatment begin date: _____	Mo/Da/Yr	Frequency of appointments: _____
Treatment end date: _____	Mo/Da/Yr	<input type="checkbox"/> check here if continuing

Last appt date: _____

a) Is this child/youth in therapy with your agency? ☐ Yes ☐ No

If so, what are the treatment goals as you perceive them:

b) Current Diagnoses:

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c) Current Medications (please include dosage, start date, reported response, relevant rating scales, reason for prescribing and other pertinent information):

- 1.
- 2.
- 3.
- 4.
- 5.

d) Psychiatric Medication History (please include reported response to past trials):

e) Allergic/Adverse Psychiatric Drug Reactions:

Overall assessment of treatment (as of this date or end of service):

Progress toward treatment goals:

Client understanding of need for tx and their participation/compliance/ability to benefit:

2. Permanency: (Please complete if you have concerns and/or opinions about the child's permanency status.)

- a) What do you think about the child's current permanent plan? What do you think the next steps should be towards permanency?
- b) Do you think this child is receiving the care they need in their current living situation? Are any changes needed?

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3. Is there anything else you think we should know/consider about this child as it pertains to treatment and permanency?

Thank you!