

**PSYCKES: Improving the Quality of Psychotropic Prescribing Practices
Chart Review Form: High Dose**

Instructions: The High Dose indicator set is intended to flag individuals who have been prescribed psychotropic medications at doses higher than recommended. In order to determine if this individual meets criteria for the High Dose indicator set, answer the following questions by checking the boxes below. You will need to know the individual's current medication regimen, and may wish to download the Psychotropic Medication Reference Table available on the [PSYCKES website](#).

Name of Reviewer: _____

Date of Review: _____

Client name/ID: _____

Prescriber Name: _____

List of Current Medications	Start Date

1. Is the individual currently on *any* psychotropic medication? (See Psychotropic Medication Reference Table for a list of medications classified as psychotropics.)
 - No (**STOP**, this individual *does not* meet criteria for the High Dose indicator set)
 - Yes (go to Question 2)

2. Is the individual currently taking a higher than recommended dose *for their age group* in any of the drug classes listed below? (See Psychotropic Medication Reference Table for recommended maximum doses by age, by class.)
 - Antidepressant (**DoseAD**)
 - Antipsychotic (**DoseAP**)
 - Mood Stabilizer (**DoseMS**)
 - Anxiolytic/Hypnotic (anxiety or sleeping medication) (**DoseANX**)
 - ADHD/stimulant medication (**DoseADHD**)

If you answered yes to Question 1 and *any* box in Question 2, the individual meets quality concern criteria for the High Dose indicator set (the specific sub-indicator abbreviations are in bold), and should receive a clinical review.