## Purpose of medication clarification form – example only

Table 1 – Purpose of medication

|  |  |
| --- | --- |
| General information | Required information |
| Names of medication | Enter text. |
| Dose | Enter text. |
| Route | Enter text. |
| Frequency | Enter text. |
| Fixed does (routine or PRM) | Enter text. |
| Reason for medication:  Treatment of diagnosed “mental illness” or “physical condition” | Enter text. |
| Reason for medication:  Primary purpose of “controlling the person’s behaviour” | Enter text. |
| If medication is used for the treatment of a diagnosed mental illness or physical condition, please specify the mental illness or physical condition | Enter text. |