

**FOOTHILLS GATEWAY, INC.
HUMAN RIGHTS COMMITTEE COVER SHEET**

Person/Provider Completing Form:

HRC Review Date:

Individual's Name:

Service Provider/PASA:

Reason for review: (separate form for each type of review)

- Psychotropic Medications
- Restrictive Procedure
- Rights Modification
- Emergency Control Procedure
- Safety Control Procedure
- Safety Control Procedure/Mechanical Restraint
- Critical Incident (M.A.N.E.)
- Other: _____

REFER TO DOCUMENTATION FOR HRC FORM FOR REQUIRED ATTACHMENTS

LIST ALL CURRENT PSYCHOTROPIC MEDICATIONS:

NAME OF MEDICATION	START DATE month/day/year	DOSAGE AS INDICATED ON INFORMED CONSENT	DIAGNOSIS	PURPOSE TARGETED SYMPTOMS

Psychiatrist: _____

Date of last Psychiatric Review: _____

Prescribing Physician: _____

Date last seen: _____

HRC REVIEW DATE: _____

- Approved
- Not Approved
- Follow-up Requested

HRC Recommendations:

HRC Chairperson Signature: _____

HRC Member Signatures:

_____	_____ Agree	_____ Disagree
_____	_____ Agree	_____ Disagree
_____	_____ Agree	_____ Disagree
_____	_____ Agree	_____ Disagree
_____	_____ Agree	_____ Disagree
_____	_____ Agree	_____ Disagree
_____	_____ Agree	_____ Disagree
_____	_____ Agree	_____ Disagree
_____	_____ Agree	_____ Disagree

DATE OF NEXT COMMITTEE REVIEW: _____

Revised 6/20

All other versions are obsolete