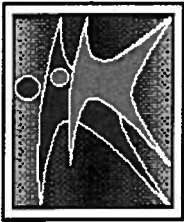


SUPPORT, INCORPORATED E. P. S. MONITORING FORM

(Please complete this form once a week for all consumers taking Psychotropic medications)



Name: _____
Doctor: _____

Extra Paramidal Symptoms : Monitor for these symptoms using the scale provided and think about how that symptom is debilitating the client.

Scale: 0= not debilitating 1 = very slightly 2= somewhat debilitating 3= very debilitating 4= completely debilitating

	Date		Date		Date		Date	
	Initials	Score	Initials	Score	Initials	Score	Initials	Score
Lip Smacking , tongue protrusion, rocking movements of body	Date		Date		Date		Date	
	Initials		Initials		Initials		Initials	
	Score		Score		Score		Score	
Dizziness	Date		Date		Date		Date	
	Initials		Initials		Initials		Initials	
	Score		Score		Score		Score	
Rigid joints, robotic-like gait	Date		Date		Date		Date	
	Initials		Initials		Initials		Initials	
	Score		Score		Score		Score	
Balance	Date		Date		Date		Date	
	Initials		Initials		Initials		Initials	
	Score		Score		Score		Score	
Hand tremers, pill-rolling	Date		Date		Date		Date	
	Initials		Initials		Initials		Initials	
	Score		Score		Score		Score	
Difficulty swallowing, stiff neck	Date		Date		Date		Date	
	Initials		Initials		Initials		Initials	
	Score		Score		Score		Score	
Other-rash	Date		Date		Date		Date	
	Initials		Initials		Initials		Initials	
	Score		Score		Score		Score	0

Signature _____
Date _____