

Prescribing Agreement (to be used in association with the NHS Highland Personality Disorder Integrated Care Pathway)

Name:

DOB:

Date of initial interview:

Agreed target symptom:

Measurement of target symptom before treatment commences (e.g. 1 to 10 scale, behavioural record):

Stated goal of this treatment. If this goal is not met after the agreed trial period, the medication will be stopped:

Choice of medication from the treatment options after side effects, limits of effectiveness and evidence base have been discussed. Please include dose:

Length of agreed trial period, before which no other drug will be prescribed for this symptom, whether the individual continues to take the current drug or not:

Arranged review date:

Signed: [Patient]

Date:

Signed: [Prescriber]

Date:

Date of review:

How long was the actual trial:

Was the drug taken as prescribed?

Measurement of target symptom after trial period of the agreed medication
(e.g. 1 to 10 scale, behavioural record):

Was the stated goal of the medication achieved:

If yes and medication is to be continued, when will the next review of the need
for this medication take place:

Signed: [Patient]

Signed: [Prescriber]

Date:

Date: