



**Chemical/Medication Support(S) for  
Medical Appointments or Interventions**

In order to ensure the health and safety of \_\_\_\_\_, it has been  
(Name of person served)  
determined that he/she will require \_\_\_\_\_, an oral  
(Name of medication)  
chemical/medication, prior to his/her appointment (dental, imaging, vision, lab, EKG, GYN) or \_\_\_\_\_.  
(Circle one or more) (Type)

In the past, this person has displayed extreme anxiety/unmanageable behaviors which led to an inability to attend an appointment, participate in a medical procedure or planned event. Despite verbal reassurance, desensitization techniques and/or relaxation methods, anxiety/unmanageable behaviors remain.

Dr. \_\_\_\_\_ has recommended the lowest effective dosage of medication and, along  
(Name of physician)  
with the team, has decided that the outcome outweighs the possible side effects of the medication in order to best serve this person.

Was physician's order obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

List or attach potential side effects of medication ordered for, but not limited to, sedation:

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF LHCP:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TEAM APPROVAL:** Team members have been contacted and are in agreement with the chemical/medication support(s) being administered to \_\_\_\_\_ and will re-evaluate the continuation of sedation as necessary. The names and dates listed below indicate agreement:

Team Member: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL GUARDIAN'S APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHAIR, HRASC APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**RESIDENT'S APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_