



Psychiatric Diagnosis Update Form

Date: _____ Physician Name: _____

Client Name: _____

Medication:	Dose and frequency:	Diagnosis:	Targeted Behavior:	Side effects to be monitored:

Meds/Dx/Targeted Behavior Current? (Please circle Yes or No): Yes No

Comments/Clarification: _____

IMPORTANT INFORMATION REQUIRED BY PSYCHIATRIST:

1. By initialing, Psychiatrist feels medication plan is stable and to continue as ordered: _____
2. AIMS testing required annually (see reverse) Date completed: ___/___/___
3. By signing this form, you are attesting to review of all current medications for this person (including other physician orders):

Physician Signature: _____ Date: _____

Supervised By: _____

Abnormal Involuntary Movement Scale (AIMS)

Client Name: _____ Date: _____

Rate highest severity observed. Rate movements that occur upon activation one less than those observed spontaneously.

Code: 0=none; 1=minimal; 2=mild; 3=moderate; 4=severe.

A=movement only present during activation;

NR= not ratable

Information

Date: _____

1. Muscles of facial expression

(e.g., movements of forehead, eyebrows, or periorbital area; include frowning, blinking, smiling, grimacing)

0 1 2 3 4 A NR

2. Lips and perioral region

(e.g., puckering, pouting, smacking cheeks)

0 1 2 3 4 A NR

3. Jaws

(e.g., biting, clenching, chewing, mouth opening, lateral movements)

0 1 2 3 4 A NR

4. Tongue

Rate only movements both in and out of mouth not inability to sustain movement

0 1 2 3 4 A NR

5. Upper extremities (arm, wrist, hand, fingers)

Include choreic movements (I.e., rapid, objectively purposeless, irregular, spontaneous), athoid movements (I.e., slow, irregular, complex serpentine)

0 1 2 3 4 A NR

6. Lower extremities (legs, knees, ankles, toes)

(e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion, and eversion of foot)

0 1 2 3 4 A NR

7. Trunk (neck, shoulders, hips)

(e.g., rocking, twisting, squirming, pelvic gyrations)

0 1 2 3 4 A NR

Overall severity of abnormal movements

0 1 2 3 4 A NR

Incapacitation by abnormal movements

0 1 2 3 4 A NR

Patient awareness of abnormal movements

Rate only patient's report

0 1 2 3 4 A NR

Total Score: _____