

SURVEY

PSYCHOTROPIC MEDICATION FOR CHILDREN AND ADOLESCENTS (PMCA)

Developed by Los Angeles County DMH

This survey is being conducted to ascertain the usefulness of this document and to provide an venue for further improvements

Your feedback is highly appreciated!

Please **FAX** the document to (213) 736-5802

E-Mail to: warroyo@dmh.lacounty.gov

Your discipline:

| | | |
|-------------------------------|-----|-------------------------------|
| Child/Adolescent Psychiatrist | ___ | Family Practioner |
| ___ | | |
| Psychiatrist | ___ | Pediatrician |
| ___ | | |
| Psychologist | ___ | Marriage and Family Therapist |
| ___ | | |
| Clinical Social Worker | ___ | Registered Nurse |
| ___ | | |
| Pharmacist | ___ | Other (please specify) |
| _____ | | |

How often do you use this reference (PMCA)?

Often ___ Sometimes ___ Never ___

Please indicate the degree of usefulness on a scale of 1- 5

(0 - not useful; 5 - extremely useful)

| <u>SECTION</u> | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Clinical indications for use | | | | | | |
| Frequency of Dosage Table | | | | | | |
| Concomitant Medication Use | | | | | | |
| Complications & Side Effects | | | | | | |
| Cautions/Contraindications | | | | | | |
| Medical Work-Up | | | | | | |
| Medical Follow-Up | | | | | | |
| Dose (section) | | | | | | |
| Medication Specific Adverse Effects | | | | | | |
| Clinically significant Risk Difference | | | | | | |
| Appendix A (P450 CYP Drug Interactions) | | | | | | |
| Overall usefulness of the guidelines | | | | | | |

COMMENTS / REMARKS:
