



## Appropriate Use of Antipsychotics in Long-Term Care

### Interdisciplinary Team – Referral Form

Date		Unit	
Resident Name		Room Number	

What behaviours have you observed? Please prioritize:

1	
2	
3	
4	
5	

What strategies have you tried in response to these behaviours?

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What tips and tricks have you learned in working with this resident? What works well when trying to redirect behaviours?

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What are some possible causes of these behaviours?

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Please provide your name if you can attend the next Interdisciplinary Team huddle:

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Once form is completed, please submit to

Contact Name	
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\*Interdisciplinary Team to add contact name before distributing to staff\*