**COMMUNITY PRESCRIBER INFORMATIONAL SHEET**

Client name:

Offense resulting in not guilty due to mental disease or defect (NGI) commitment:

NGI commitment expiration date:

Wis. Stat. ch. 51 commitment:

**[ ]** No**[ ]** Yes / If yes, date of expiration**:**

Diagnoses from mental health institution discharge or most recent long-term provider:

Medication regimen (how long):

Urinalysis information (frequency):

Conditional Release Program case manager (contact info and meeting frequency):

Conditional Release Program agent (contact info and meeting frequency):

**Requested communication and collaboration**

The Conditional Release Program seeks to build strong relationships with treatment providers so that the program can support clients on their recovery journey and keep them in the community whenever possible. Please help us do this by:

* Discussing any potential changes to a client’s medication with the case manager/agent prior to making a change unless the change is needed immediately without delay.
* Supporting continuity of care by allowing the case manager to attend a portion or all of a psychiatric appointment with the client, depending on the client and prescriber preference.
* Providing records to case managers when requested.
* Sharing any medication or psychiatric concerns with the case manager so that the treatment team can support the client's treatment adherence and path toward recovery.
* Being open to consulting with case managers on any issues related to symptoms, medication, and medication side effects; substance use and positive substance use tests; needs of hospitalization; and violations that require a prescriber’s opinion on stability, medications, and safety.

**Conditional Release Program**

Conditional Release Program clients have been found not guilty due to mental disease or defect per Wis. Stat. § 971.17. The court has committed them to the Department of Health Services for a specified period. The client’s conditional release plan includes requirements that the client:

* Take all medications as prescribed by treating prescriber.
* Meet for medication management as deemed appropriate by the treatment provider and cooperate with all psychiatric treatment recommendations.
* Abide by any ordered lab work.
* Obtain approval to use any over-the-counter medications or nutritional supplements by the treating prescriber to monitor for any interactions with prescribed medication and their effects on mental health.
* Obtain approval for any change in psychiatric services, medication management, or medication monitoring from their case manager and agent.