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|  | ALASKA DEPARTMENT OF CORRECTIONS |

# Notification of Psychotropic Medication Refusal 807.16I DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Prisoner Information

|  |  |  |  |
| --- | --- | --- | --- |
|  **Prisoner Name:** |  |  **OBSCIS:** |  |

**This is to inform you that the offender is refusing the following psychotropic medications:**

## Medications Refusing

|  |  |  |
| --- | --- | --- |
| **Medication Name(s)** | **Dose** | **Date(s) of Refusal** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Reason for Refusal

|  |  |  |
| --- | --- | --- |
| [ ]  | **Medication is no longer working** | **Description:**  |
| [ ]  | **Medication is no longer needed/wanted** | **Description:** |
| [ ]  | **Medication is causing the following problems** | **Description:** |
| [ ]  | **Other (if check other, must fill out description)** | **Description:** |

## Additional Comments/Observations:

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## Signatures

|  |  |  |
| --- | --- | --- |
| **Title** | **Signature** | **Date**  |
| **Staff** |  | Click here to enter a date. |
| **Mental Health Staff** |  | Click here to enter a date. |