Practice name:	
Completed by:	
Date of audit:	

Number of patients on LD register or have diagnosis of autism (or both)	
Number of patients on LD register or have diagnosis of autism (or both) prescribed psychotropic medication	

Patient identifier	Psychotropic medication(s) name and dose? (if more than one med per patient then use a separate line for each med and consider each question for each med seperately)	Is the patient prescribed psychotropic medication to manage their behaviour? If Y, fill in rest of audit. If N, then stop.	Initiated by and when? (if secondary care initiated then please state trust e.g. Tees Esk and Wear Valley (TEWV))	Is the patient currently under secondary care for this medication?	Has the patient had this psychotropic medication reviewed in the last 12 months?	If Yes, who undertook this review?	Outcome of review?	Has a trial reduction of psychotropic medication (prescribed to manage their behaviour) been trialled in the past?	If yes, what was outcome?	Patient requires review?	Comments
e.g. PATIENT 1 (PRESCRIBED TWO PSYCHOTROPIC MEDS)	Lamotrigine 100mg tablets, 1 twice daily	no									
e.g. PATIENT 1 (PRESCRIBED TWO PSYCHOTROPIC MEDS)	Risperidone 1mg tablets, 1 daily	yes	Secondary care consultant, TEWV, Mar-15	yes	yes	Secondary Care Clinician	Medication continued	no		no	