**CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE STATE OF TEXAS FOR THE § IN THE \_\_\_\_\_\_\_\_\_ COURT OF**

**§**

**BEST INTEREST AND PROTECTION §**

**§**

**OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials only) § \_\_\_\_\_\_\_\_\_ COUNTY, TEXAS**

**ORDER TO AUTHORIZE THE ADMINISTRATION**

**OF PSYCHOACTIVE MEDICATION**

On this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_, came to be heard an Application for Order to Authorize Psychoactive Medication in the above numbered and entitled cause, alleging that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter called "Patient," is subject to an Order, dated the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_, for Court-Ordered Inpatient Mental Health Services, Attorney Name, Attorney representing the Patient, announced ready, and all matters of fact and law were submitted to the Court, and the Court finds as follows:

That all necessary notices and copies of the Application have been served as required by law and that all of the terms and provisions of the Texas Mental Health Code have been complied with;

That on file with the Court in this cause is a verified Application by the Patient's physician, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,** who has examined the Patient and that the physician therein states the opinion and the detailed basis that the Patient is in need of psychoactive medication but lacks the capacity to make a decision regarding administration of said medication and it is in Patient's best interest to have psychoactive medication; and

That after considering all of the evidence, including the Application and the testimony of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, the expert, who presented competent medical or psychiatric testimony, it appears to the Court that the allegations of the Application are true and correct and are supported by clear and convincing evidence. It is therefore determined that treatment with the proposed medication is in the best interest of the Patient and the Patient lacks the capacity to make a decision regarding administration of said medication and that the same shall be ordered.

The Court relied on the following evidence:

and makes its determination for the following reasons:

The Court finds that the benefits to the Patient from taking the medication far outweigh the risks and that the consequences are severe for the failure to do so. The Court finds further that the proposed medication is standard of care and the Patient's prognosis is fair to good with medication and poor without it. The Court further finds there are no reasonable acceptable alternatives within standard of care. Sufficient cause exists to override the patient's expressed preferences against the medication.

Accordingly, it is **ORDERED** pursuant to Texas Health & Safety Code Sec. §574.106, that the Department of State Health Services or any other appropriate accepting inpatient treatment facility in the State of Texas, is authorized to administer to the Patient the following class(es) of psychoactive medication: □ Antidepressants

□ Monoamine Oxidase Inhibitors □ Antipsychotics

□ Miscellaneous Drugs □ Anxiolytics/Sedatives/Hypnotics

□ Stimulants □Mood Stabilizers

A list of medications within each class is attached as Exhibit "A".

**IT IS ORDERED** that during the period this Order is valid, the dosage of the herein authorized class(es) of psychoactive medication can be increased or decreased, and restitution of medication authorized but discontinued and the substitution of a medication within the same class(es) are permitted.

A copy of this Order to the proposed patient and the patient’s attorney shall serve as written notification of the court’s determination.

This Order expires on the expiration or termination date of the Order for Mental Health Services dated the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_.

**SIGNED** on this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRESIDING JUDGE**

**PROBATE COURT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS**

**EXHIBIT A: CLASSES OF PSYCHOACTIVE MEDICATIONS AS DETERMINED BY**

**THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION**

An “X” designates each Class of Medication the Court is to compel the Proposed Patient to take

|  |  |
| --- | --- |
| □ **ANTIDEPRESSANTS** | □ **ANXIOLYTICS/SEDATIVE/HYPNOTICS** |
| Amitriptyline (Elavil) | Alparzolam (Xanax) |
| Amoxapine (Asendin) | Amobarbital (Amytal) |
| Bupropion (Wellbutrin, Welbutrin SR) | Buspirone (Buspar) |
| Citalopram (Celexa) | Chloral Hydrate (Noctec) |
| Desipramine (Norpramin) | Chlordiazepoxide (Librium) |
| Doxepin (Sinequan, Adapin) | Clonazepam (Klonipin) |
| Excitalopram (Lexapro) | Clorazepate (Tranxene) |
| Fluoxetine (Prozac) | Fluvoxamine (Luvox) |
| Imipramine (Tofranil) | Diazepam (Valium) |
| Maprotiline (Ludiomil) | Diphenhydramine (Benadryl) |
| Mirtazapine (Remeron) | Flurazepam (Dalmane) |
| Nefazodone (Serzone) | Hydroxyzine (Vistaril) |
| Nortriptyline (Pamelor, Aventyl) | Lorazepam (Ativan) |
| Paroxetine (Paxil) | Oxazepam (Serax) |
| Protriptylinc (Vicactyl) | Pentobarbital (Nembutal) |
| Sertraline (Zoloft) | Phenobarbital (Liminal) |
| Trazodone (Desyrel) | Prazepam (Centrax) |
| Trimipramine (Surmontil) | Temazepam (Restoril) |
| Venlafaxine (Effexor, Effexor XR) | Triazolam (Halcion) |
|  | Zolpidem (Ambien) |
| □ **ANTIPSYCHOTICS** |  |
| Aripiprazole (Abilify) | □ **MOOD STABILIZERS** |
| Chlorpromazine (Thorazine) | Carbamazepine (Tegretol) |
| Clozapine (Clozaril) | Divalproex Sodium (Depakote) |
| Fluphenazine (Prolixin) | Gabapentin (Neurontin) |
| Droeridol (Inapsine) | Lamotrigine (Lamictal) |
| Haloperidol (Haldol) | Lithium (Eskalith, Eskalith CR, Lithobid) |
| Haloperidol Dccanoate (Haldol D) | Oxcarbazepine (Trileptal) |
| Loxapine (Loxitane) | Mesoridazine (Serentil) |
| Molindone (Moban) | Topiramatic (Topamax) |
| Olanzapine (Zyprexa) | Valproic Acid (Depakene, Depakote) |
| Olanzapine (Zyprexa-Zydis) | Verapamil (Calan, Isoptin) |
| Perphenazine (Trilafon) |  |
| Pimozide (Orap) | □ **STIMULANTS** |
| Quetiapinc (Seroquel) | Amphetamine/Dextroamphetamine Mixture |
| Risperidone (Risperdal) | Dextroamphetamine (Dexedrine) |
| Tiagabine (Gabatril) | Methylphenidate (Ritalin, Ritalinsr, Concerta |
| Thioridazine (Mellaril) | Pempline (Cylert) |
| Thiothixene (Navane) |  |
| Trifluoperazine (Stelazine) | □ **MISCELLANEOUS DRUG** |
| Ziprasidone (Geodon) | Clomipramine (Anafranil) |
|  | Clonidine (Catapres) |
| □ **MONOAMINE OXIDASE INHIBITORS** | Luvoxamine (Luvox) |
| Phenelzine (Nardil) | Reserpine (Serpasil) |
| Tranyleypromine (Parnate) | Propanolol (Inderal) |
|  | Naltrexone (Revia) |
|  | Pindolol (Visken)(Nonformulary) |

OTHER This category must be approved prior to inclusion in this instrument.