

## Notes on Injection Clinical Encounter (NICE) Form

<b>Patient Name:</b>		<b>Date:</b>	
<b>Long-Acting Injectable Med/Dose:</b>		<b>Refills:</b>	
<b>Injection Details</b>	Injection site    ___ Right/Left    ___ Delt/Glut	<b>Lot #:</b> _____ <b>Expiration:</b> _____	
	Previous site    ___ Right/Left    ___ Delt/Glut		
<b>Vital Signs</b>	<b>B/P:</b> _____ <b>Pulse:</b> _____ <b>Respiratory Rate:</b> _____ <b>Weight:</b> _____ lbs <b>Last weight:</b> _____ lbs <b>Change:</b> _____ lbs		
<b>Individual Patient Symptoms: Observations &amp; Brief Interview</b>			
<b>Appearance (Observe)</b>	<b>Affect (Observe)</b>	<b>Sleep &amp; Appetite (Interview)</b>	<b>Interaction (Observe)</b>
___ Appropriately dressed ___ Disheveled ___ Good Hygiene ___ Poor Hygiene ___ Relaxed posture ___ Agitated	___ Anxious ___ Pre-occupied ___ Restlessness ___ Blunted/flat affect ___ Suspiciousness ___ Talking to oneself ___ Normal	___ Sleeping well ___ Not sleeping ___ Good appetite ___ Poor appetite	___ Makes eye contact ___ Avoids eye contact ___ Initiates conversation ___ Socially withdrawn ___ Engaging conversation ___ One-word answers ___ Clear/thoughtful speech ___ Disorganized/Fast speech
<b>Other:</b>			
<b>Comment(s) on Mood:</b>			
<b>Any New Complaints of Side Effect(s)?</b> If yes, list with duration:		___ Patient denies any new complaints of side effects	
<b>Any New Habits/Behavior(s)?</b> If yes, list with duration:		___ Patient denies any new habits/behaviors	
<b>Clinical Notes</b>		___ Nurse    ___ Pharmacist	<b>Injection tolerated?</b> ___ Yes/No
<b>Needs New Rx?</b> ___ Y/N	<b>Next appt:</b> _____	<b>Next injection needed by:</b> _____	<b>Faxed</b> <input type="checkbox"/>
<b>Nurse or Pharmacist Signature:</b>			

*\*NICE Form should be saved in patient's records and faxed to prescriber's office\**