



Building Blocks Pediatrics
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Where God Guides God Provides

Mental Health Management Protocol

- **Mental Health**
 - Patients for Mental Health Evaluation and Management will need an initial Mental Health Evaluation. Mental Health Conditions include:
 - Anxiety.
 - Depression.
 - Prior Diagnosed Mental Health conditions (Autism/Asperger's Spectrum Disorders, Bipolar, Psychosis, Schizophrenia, etc.) managed and stable by mental health specialists.
- **Monthly Prescription Management appointments**
 - This time will be used to document stability and progress on the prescription's current dose, discuss adjustments needed and other diagnosis-specific issues.
 - **Parents/guardians with multiple children** under this care will only need to schedule a single appointment prior to refills. Review/evaluation for all children needing refills will be taken care of at that single appointment.
 - The child will need to be present for vitals.
 - Length of appointment will vary but **will average 10-20 minutes**.
 - Completed prescriptions for Controlled Substances will be available (after a physician's signature) a few days after this appointment.
- **Stable prescription patients: *Monthly appointments NOT NECESSARY for 3 months***
 - Prior to completion of the 3-months of prescriptions, make refill appointment for additional 3-months of refills.
 - Prescriptions for 3-months will be written.
- **Unstable prescription patients: *Monthly appointments NECESSARY***
 - Monthly appointments with Leigh Ann Ware, Pediatric Mental Health Specialist, to discuss dosage adjustments needed as well as other diagnosis-specific issues.
 - Prescription will be issued for 1 month at a time.
 - Once prescription is stabilized, patient may request 3-month prescription (as above).
- **Telemedicine Appointments are available and recommended for refill appointments. Telemedicine appointments are done by using the SPRUCE APP on smart phones. Please check with Receptionist for further information.**
- **Medications will not be refilled if protocol is not followed.**
- **Prescriptions must be filled within 21 DAYS of the FILL Date. Failure to do so will require additional appointments. Any Lost Prescriptions will require additional appointment and lost prescription form must be completed before medicine can be refilled.**

I agree to follow the above protocol and have received a written copy.

GUARDIAN'S NAME: _____ PATIENT'S NAME: _____

Date: _____ BBP STAFF: _____