

Name of Patient: _____ **Age:** _____

Medications

Drug	Dose	Times of Administration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This patient has a Lewy Body Disorder and is at risk for neuroleptic malignant syndrome or other catastrophic reactions. The following medications should be avoided or used with great care:

- | | | |
|-------------------------|-----------------------------|-------|
| most antipsychotics | neuroleptics | _____ |
| most anxiety drugs | anticholinergics in general | _____ |
| benzodiazepines | inhaled anesthetics | _____ |
| decongestants | antihistamines | _____ |
| strong pain medications | _____ | _____ |

The following person is authorized to make decisions on my behalf via a Power of Attorney. They must be consulted BEFORE the introduction of any new medication:

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell:** _____

Patient's signature: _____ **Date:** _____