

	<h2>Hillcrest Educational Centers, Inc.</h2> <p><i>Residential Treatment Centers</i></p>		
Administrative Office 1450 West Housatonic St.	<h3>Notification of Medication Adjustment</h3>		
Mail P.O. Box 4699 Pittsfield, MA 01202	Date: _____	Program Site:	Highpoint
Website <a href="http://www.hillcrestec.org">www.hillcrestec.org</a>	To: _____		
Fax 413-443-0143	Legal Guardian Of: _____		
Administration 413-499-7924	Medication: _____  Reason for Adjustment: _____  Side Effect to Watch for (monitor): _____		
Dental Office 413-445-6680			
Hillcrest Center 413-637-2834			
Brookside Campus 413-528-0535			
High Point Campus 413-637-2845			
Intensive Treatment Unit 413-738-5151	Physician Ordering Med Change: _____		
BOARD OF DIRECTORS	Specialty: _____		
W. Kevin Phair Chairman	Dr. Jeffrey Delisle		
Mark N. Matthews Vice Chairman	Psychiatry		
Pierre Joseph Treasurer	This form is a notification of an adjustment of a medication previously consented to. Please call the nursing department at the student's campus if you have any question or concerns.		
Thomas W. Goggins Clerk	Verbal Notification to: _____		
Gerald E. Burke President/CEO	By Nurse: _____	Date: _____	Time: _____
Eugene A. Dellea Donald Dowd William J. Napolitano Harold Novick Sara Smith John P. Walsh	Date Mailed/Faxed: _____		

**Form: Notification of Medication Adjustment**