CFS 431-A Cover
Rev 5/2015

Illinois Department of Children & Family Services
DCFS Consent Team / UIC Research Team

Psychotropic Medication Request
Fax Cover Sheet

Date:_____ Total Pages:_____

To: DCFS Consent Unit/UIC Research Team: Fax (312) 814-7015 (24-hour fax)

_____
Contact Person

_____
Contact Person Affiliation/Position Contact Person Phone Number Extension

_____
Facility Name: (Hospital/Residential Center/DOC/JJ) Fax Number

_____
Facility Address

_____
From: Agency Name

_____
Agency Phone Number Agency Fax: Number

_____
Doctor Doctor Phone Number Doctor Fax: Number

_____
Doctor Address

Region: ☐ Northern ☐ Central ☐ Southern ☐ Cook

Notes/Comments:

Consent Hotline – 800-828-2179
After Hours (Child Intake and Recovery Unit) - 866-503-0184