

PATIENT CONSENT TO RECEIVE PSYCHOTROPIC MEDICATIONS

Patient Name & CWID#: _____ Physician Name: _____

It is a standard of this practice to obtain informed consent and to maintain a written record of your decision to be treated with certain psychotropic medications. You will be provided with information regarding recommended medications as well as alternatives to those recommendations. Only after you have been informed of your right to accept or refuse these medications and you have consented will the medications be initiated from this practice. In order for you to make an informed decision, you will be informed of the following:

1. The nature of any mental health condition;
2. Reason(s) for the recommendation that you take the medication(s) and the likelihood of your improving or not improving without the medications; and that consent, once given, may be withdrawn at any time by so stating to your physician;
3. Reasonable available alternatives to the recommended treatments, if any;
4. The classification, dosage, dosage range, frequency, and estimated duration of the medications.

Patient – Please initial next to medication explained to you to your satisfaction.

Medication Classification	Dose Range/Day	Frequency	Patient Initials
Antipsychotic _____	_____	_____	_____
Mood Stabilizer _____	_____	_____	_____
Antidepressant _____	_____	_____	_____
Sedative/Hypnotic _____	_____	_____	_____
Other _____	_____	_____	_____

5. The relatively common side effects of these medications known to occur and any particular side effect that may occur in your particular case. Printed medication information can be provided if requested. Please advise your physician if you have further questions or concerns.
6. The possible additional rare side effects which may occur. For antipsychotic medications, you should be advised that such side effects may include persistent involuntary movement of the face, mouth, and/or extremities and that these symptoms of tardive dyskinesia are potentially irreversible. These typically appear after long-term use of conventional antipsychotics but may appear after short-term treatment with any antipsychotic medication and may even appear after medications have been discontinued. In addition, the atypical antipsychotics may cause a metabolic syndrome which can consist of weight gain, increased blood glucose, high blood pressure, and changes in lipid levels.
7. **NOTE:** Your signature below acknowledges that (1) you have been informed of and agree to the foregoing, (2) the medications and treatment set forth above have been adequately explained to you and/or discussed with you by your prescribing physician and that you have received all the information you desire concerning the treatment, alternatives of this treatment, and potential risks and benefits of taking the above-mentioned medications as prescribed versus not taking these medications or not following such recommendations, and (3) you authorize and consent to the administration of the above-mentioned medications and treatment.

 Signature of patient/parent or legal representative

 Date

 If signed by other than patient, indicate relationship

 Signature of physician/witness