



**INFORMED CONSENT FOR PSYCHIATRIC MEDICATIONS**

Client Name: \_\_\_\_\_

County I.D. #: \_\_\_\_\_

**Purpose of the form: This form documents that you and your doctor have discussed your medicines to your satisfaction.**

Your psychiatrist/nurse practitioner has prescribed the following medication(s). Your psychiatrist/nurse practitioner has either told you about the medications, or given you written information, or both. You are entitled to know the following information before deciding whether to take the medication:

1. What your condition or diagnosis is.
2. What symptoms the medications should reduce and how likely the medications are to work.
3. What your chances are of getting better without the medications.
4. What other reasonable treatments are available.
5. The name, dosage, frequency, route of administration and duration of prescribed medications.
6. Any special instructions about taking the medications.
7. The probable side effects of these medications known to commonly occur, and any particular side effects likely to occur in your particular case.
8. Additional side effects may occur if you take medications beyond three months. These side effects include tardive dyskinesia, which may persist after the medication has been discontinued.
9. The ability to drive, operate machinery, or other skilled tasks may be impaired by medications. Alcohol or illicit drugs may worsen this effect.
10. If you are pregnant, plan to become pregnant, or are breastfeeding, your psychiatrist should be notified. Medications may pose known or unknown risks to the fetus or infant.
11. Any special instructions about taking the medications.

Medication	Route	Dose	Frequency	Max Daily Dose

- By signing this form, you indicate the medications have been explained to you to your satisfaction.
- Even after signing, you can still refuse any dose or withdraw your agreement completely at any time.
- You will receive a copy of this consent form.

**Please check one of the following:**

- I have had the opportunity to receive written and verbal information about the medications with the psychiatrist/nurse practitioner, and I consent to this treatment. I understand I can ask questions about my medications at any time. (INFORMED CONSENT)
- I have had the opportunity to discuss information about the medications with the psychiatrist/nurse practitioner, and I refuse to consent to the medications recommended. I understand that psychiatry staff will continue to offer me the chance to take medicine, and information about it, but that I may still continue to refuse the medicine. (INFORMED REFUSAL)

**Psychiatrist/Nurse Practitioner only:**

The patient verbally consents to the recommended medications, but refuses to sign because: \_\_\_\_\_

Continued attempts to obtain signature: Initials: \_\_\_\_\_ Date: \_\_\_\_\_ | Initials: \_\_\_\_\_ Date: \_\_\_\_\_ | Initials: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Patient Signature:</b>	Date
<b>Psychiatrist/Nurse Practitioner Name (PRINT):</b>	
<b>Psychiatrist/Nurse Practitioner Signature:</b>	Date:
<b>Witness Name if patient unable or unwilling to sign (PRINT):</b>	
<b>Witness Signature:</b>	Date
<b>Parent / Legal Guardian / Conservator Name (PRINT):</b>	
<b>Parent / Legal Guardian / Conservator Signature:</b>	Date:

# Procedure for Medication Consent for Voluntary Patients

## 1. Purpose

- A. To serve as a legal record of the patient's agreement to take psychiatric medication as part of a treatment regimen.
- B. To document that the patient has been offered an explanation of the effects of the medication offered.
- C. To document that the patient has been offered written information about the medications being prescribed.

## 2. Responsibility for Documentation

- A. The prescriber has the primary responsibility for filling out the form once the patient has received language-appropriate information about the medication.
- B. *A new form must be executed when any new medications are added.*
- C. The completed form should be filed permanently in the chart. Medication Information Sheets do not need to be filed in the chart.
- D. A copy of the consent form should be given to the client for his/her records (see below 3.H.).

## 3. Instructions

- A. The patient is to receive both a verbal explanation and the appropriate Medication Information Sheets before the form is completed.
- B. This form can accommodate up to 6 medications, assuming the patient consents to all.
- C. The medication information is entered into the table.
- D. If the patient consents to medications, check the applicable box.
  - 1. If the patient agrees, then the patient and physician sign and date at the bottom.
  - 2. If the patient cannot or will not sign, the physician fills in the reason, and signs at the bottom with a witness.
  - 3. The physician documents his/her continued attempts to obtain a signature by initialing and dating the appropriate line.
  - 4. If the patient is willing to document refusal of medications, this box can be check and the physician and patient can sign and date at the bottom.
- E. If the patient signs with a mark, a witness is needed.
- F. A patient may withdraw consent at any time by notifying the physician a/o clinician. The reason for the withdrawal should be documented in the progress notes, and the medication order should be discontinued.
- G. If a medication is being recommended for which there is not current Medication Information Sheet, document the verbal explanation in the progress note and have the patient sign the consent form.
- H. The original consent form is to be filed in the client chart. A copy is to be given to the client.
- I. If the client is conserved, the conservator should sign the medication consent and the original kept in the chart. A copy to be maintained by the conservator.