



**Santa Clara Valley
Health & Hospital System**

751 South Bascom Ave.
San Jose, CA 95128



CONSENT TO RECEIVE PSYCHIATRIC MEDICATIONS

_____ (name of patient). Your Provider, _____
recommends that you be treated with the following psychiatric medications:

- Antipsychotic: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA
- Antipsychotic: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA
- Antidepressant: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA
- Antidepressant: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA
- Antianxiety: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA
- Sleeping agent: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA
- Mood stabilizer: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA
- Stimulants: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA
- Other: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA
- Other: _____ mg by _____ (Route) _____ times/day up to _____ mg/day. Non-FDA

You may be treated with psychiatric medication(s) only after you have been informed of your right to accept or refuse such medication(s). In addition, your provider should give you the following information for each medication:

- The nature of your mental condition; the reasons for taking the medication, including the likelihood of you improving without the medication(s); and the reasonable alternative treatments available, if any;
- The name and type of the medication; frequency of administration; dosage range (including "as needed" doses); route of administration (oral or injection); and the duration of treatment;
- The potential side effects known to commonly occur, and any side effects likely to occur in your particular case;
- Possible additional side effects that may occur if you take the medication longer than three months; for instance, antipsychotic medications may cause involuntary movements of the face or mouth, or similar movement of the hands and feet. These symptoms of tardive dyskinesia are potentially irreversible and may appear after medications have been discontinued.
- You may withdraw your consent at any time by informing a member of the treating staff.

Your signature below indicates (1) that you agree to the foregoing; (2) that the medication(s) listed have been adequately discussed with you by your provider; and (3) that you consent to the administration of the medication(s).

Signature: _____ (Patient/legal representative) Date: _____ Time: _____ AM/PM

If signed by someone other than patient, indicate relationship: _____ Print name: _____

Patient understands nature and effect of medication(s) and consents to its/their administration, but does not desire to sign a written consent form. Witness signature: _____ Date: _____ Time: _____ AM/PM

Consent obtained via interpreter. Interpreter Name and ID # _____

I provided the patient/patient's representative with an explanation of the treatment(s), possible complications, risks and benefits, as well as alternate courses of treatment or non-treatment and the risks and benefits involved in each. The patient was encouraged to ask questions and all questions were answered.

Provider Signature: _____ Date: _____



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SIDE EFFECTS

Any medication may cause unwanted side effects. The following are a list of potential side effects. If any occur, contact your provider immediately. Itching, rash, swelling of lips and/or tongue and difficulty breathing may be signs of an allergic reaction. If such reactions occur, stop taking the medication(s), go to the nearest emergency room, and contact your provider. Otherwise, do not discontinue or adjust the medications in any way without consulting your provider. Doing so may be harmful or cause withdrawal effects. Consult with your provider before taking over-the-counter medications or herbal supplements, as they may interact with your prescribed medication(s). Medications may cause drowsiness, loss of muscle coordination, or seizures which affect your ability to drive, operate machinery or perform other skilled tasks. Avoid Alcohol and other drugs, as they may worsen such effects. Notify your doctor if you become pregnant, plan pregnancy or are breast-feeding, because the medication(s) may not be safe to take under such circumstances.

Black Box Warning for serious rash (lamotrigine and Carbamazepine): If problems such as itching, rash, fever, swollen lymph glands, painful sores in the mouth or around the eyes, or swelling of lips or tongue should appear, report them to your provider promptly.

Antipsychotics Possible Side Effects: drowsiness, dry mouth, constipation, fainting or dizziness, restlessness or shakiness, agitation, rash, weight gain/weight loss, menstrual irregularities, elevated blood sugar/lipids

Rare Side Effects: difficulty swallowing, movement disorders, low blood count, seizures

Antidepressants Possible Side Effects: drowsiness, nausea, diarrhea, headache, nervousness, shakiness, sweating, trouble sleeping, sexual problems, changes in appetite/weight

Rare Side Effects: abnormal bruising or bleeding, seizures

Black Box Warning: increased suicidality in patients up to age 24

Antianxiety and Sleep Agents Possible Side Effects: drowsiness, dizziness, nausea, weakness, confusion, headache, tolerance/addiction, cognitive impairment

Rare Side Effects: amnesia, lack of motor coordination, hallucination, unusual sleep behaviors (sleep-driving)

Mood Stabilizers Possible Side Effects: drowsiness, dizziness, dry mouth, diarrhea, weight gain/loss, headache

Rare Side Effects: blurred/double vision, constipation, confusion, decreased appetite, abnormal bruising or bleeding, low blood count, kidney/liver problems, toxicity (Lithium)

Stimulants Possible Side Effects: loss of appetite, weight loss, nervousness, trouble sleeping, increased heart rate/ blood pressure, dizziness

Rare Side Effects: muscle twitching (tics), serious heart problems, worsening psychiatric symptoms, seizures