



# Superior Psychiatric Services™

*A Professional Medical Corporation*

Newport Beach & Palm Desert

## Informed Consent for Medication Management

Patient Name:

ID Number:

I am a patient of \_\_\_\_\_

S/he has told me that medications are suggested for my treatment. Every person reacts to medicine in a different way. However, this medicine has shown that it is helpful with the signs and symptoms of my illness. There is no promise that this medicine will be 100% effective. Even so, my provider believes that there is no other treatment for me that would be more helpful.

My provider spoke with me about the risks and benefits of taking the medicine, checked below.

☐ **Neuroleptic** **Name(s)** \_\_\_\_\_

- Changes in blood pressure when standing up or sitting down
- Blurred vision (close-up)
- Constipation
- Dry mouth
- Muscle spasms
- Various rashes

Tardive dyskinesia—a side effect that could come after years of therapy, was discussed. This condition may occur while taking the medicine or after the medicine has been stopped. It consists of movement of certain muscles of the trunk (pelvis and hips).

☐ **Anti-Depressant (SSRI)** **Name(s)** \_\_\_\_\_

- Nausea
- Sleepiness
- Weakness
- Dizziness
- Insomnia
- Sweating
- Sexual Problems

☐ **Anti-Depressant (Tricyclic)** **Name(s)** \_\_\_\_\_

- Dry mouth
- Drowsiness
- Blurred vision
- Low Blood Pressure
- Constipation
- Dizziness
- Increased heart rate
- Bladder Problems
- Sunlight Sensitivity

	<b>Anti-Depressant (MAOI)</b>	<b>Name(s)</b>
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Must adhere to a special diet. Use special caution in taking other medications, which can raise the blood pressure. After stopping these medications it can cause, dry mouth, restlessness, and allergic reaction.		

	<b>Lithium Carbonate</b>	<b>Name(s)</b>
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At therapeutic levels these side effects maybe seen:		
	<ul style="list-style-type: none"> <li>• Tremors</li> <li>• Nausea</li> <li>• Weight Gain</li> </ul>	<ul style="list-style-type: none"> <li>• Vomiting</li> <li>• Diarrhea</li> <li>• Frequent urination</li> </ul>
		<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Thyroid changes</li> <li>• Allergic reactions</li> </ul>
At higher levels these side effects may be seen:		
	<ul style="list-style-type: none"> <li>• Confusion</li> </ul>	<ul style="list-style-type: none"> <li>Seizures</li> <li>Coma</li> </ul>

	<b>Mood Stabilizer</b>	<b>Name(s)</b>
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	<b>Anxiolytics and Sedatives</b>	<b>Name(s)</b>
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	<ul style="list-style-type: none"> <li>• Sedation</li> <li>• Slowed reaction time</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological and Physical dependence</li> <li>• Allergic reaction.</li> </ul>

	<b>Stimulant</b>	<b>Name(s)</b>
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	<ul style="list-style-type: none"> <li>• Nervousness</li> <li>• Decreased appetite and weight loss</li> </ul>	<ul style="list-style-type: none"> <li>• Insomnia</li> <li>• Rapid heart beat</li> <li>• Increased blood pressure</li> <li>• Psychological and physical dependence</li> </ul>

	<b>Other</b>	<b>Name(s)</b>
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Any of these medications may cause drowsiness. They might increase the effects of alcohol or other sedatives. Be cautious in driving and with other tasks that need alertness and balance. This description of risks and benefits is not meant to be all-inclusive. There are other potential adverse reactions. I should quickly tell my provider and or a member of the staff if there are any unexpected changes in my condition.

I understand that I may not be forced to take this medicine and that I may decide to stop taking it at any time. I understand that the symptoms of my disorder may return or worsen if I stop taking this medicine.

I understand that taking medicine while pregnant may cause an increased risk to the fetus. I take the duty of telling my provider of any possibility of my being pregnant.

After taking a medicine for a period of time my provider may determine that the dosage or type of medicine may need to be changed. This may need to be done before the best medicine is found.

I understand that my provider believes this medication will help me. However, there is no guarantee of results. On this basis, I authorize my provider (or anyone authorized by him or her) to do the following. They may dispense doses of medicine at intervals my provider believes are best. I also authorize them to change the type of medicine I am to receive or the doses of my medicine. All of these measures are in order to achieve the best results possible.

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Signature of Patient

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Printed Name

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Signature of Legal Representative

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Printed Name

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Relationship of Legal Representative to Patient

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Date

**Provider Certification:**

I the provider, declare that I have discussed this document with the patient or the patient's legal delegate. I further certify that the patient was encouraged to ask questions and that all questions were answered.

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Date

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Time

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Provider Signature

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Printed Name