DECLINATION OF MEDICAL CARE

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge and accept the risks of declining to complete blood draws while taking antipsychotic and mood stabilizing medications. I understand that not checking for lithium levels could potentially result in lithium toxicity, kidney damage/disease, diabetes insipidus, and other potentially detrimental physical ailments such as thyroid disease. Without checking blood work, I understand there is no way to evaluate any metabolic changes potentially caused by the medication. I accept the risk that my medications can cause side effects, or have long-term physical effects including many not listed here today.

I understand and accept the potential medical risks associated with not completing my blood work and opt to decline monitoring of side effects through blood draws.

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