Susan J Bloom Psy D, APNP, LLC

**Informed Consent for Psychotropic Medication and**

**Treatment Planning**

I give consent for the administration of the following medication(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have read and have been given the education materials about this/these medication(s). I have discussed the risks, benefits and other choices with my prescriber. I have been encouraged to ask questions, those that have been noted have been answered to my satisfaction and I agree to the treatment with the mediation(s).

I give my consent to the route of administration, dosage changes, or discontinuation with my knowledge. This consent will be valid for 15 months or unless I revoke the consent.

Frequency of Medication Management: \_\_\_biweekly\_\_\_Monthly\_\_\_every \_\_\_months

\_\_\_Medication Management to decrease symptoms of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Psychotherapy with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Meds Only\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Patient has been assessed for suicidal/homicidal risk.

 \_\_\_No Risk

 \_\_\_High risk: Plan of Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_Moderate risk: Plan of Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_Low Risk: Plan of Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Medications support the patients diagnosis of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian/Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have discussed the administration of the medication listed above with the client. I have explained the potential risks, benefits and alternatives available. I have encouraged and answered questions. I have discussed the risks associated with using this medication in pregnancy with women of childbearing age who are pregnant or planning to become pregnant.

Prescriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_