



Renee Family Health and Psychiatric Nurse Practitioner Office PLLC
Virtual Office
Reading PA 19601
1(800) 235-9770

0. Medication Risks

I am the::

Patient Name:

Patient Birth Date:

- If I agree to take medications as part of my psychiatric treatment, I will discuss these medications with my psychiatrist concerning possible side effects, especially any health risks that they pose to me.
- For Women of Child Bearing Age: I am aware that psychiatric medications are not approved for use during pregnancy and may severely and adversely affect the fetus. If I should become pregnant while taking these medications, I will talk to my psychiatrist and obstetrician immediately regarding the pros and cons of continuing on the medication during pregnancy. Also, if I am planning to become pregnant, I will discuss this issue thoroughly in advance with my psychiatrist and obstetrician.
- For Anti-Psychotic Medications: I am aware of that there may be risks of diabetes, cardiac side effects, weight gain, increased cholesterol levels, abnormal muscle movements and stroke in the elderly. I have discussed these concerns thoroughly with my psychiatrist.
- For Mood Stabilizing Medications: I am aware that there may be risks of organ toxicity, weight gain, abnormal blood cell counts, and liver or kidney dysfunction. I have discussed these concerns thoroughly with my psychiatrist.
- For Anti-Depressant Medication: I am aware there is an increased risk of suicide, especially for children and adolescents when using anti-depressants. I have discussed these concerns thoroughly with my psychiatrist.
- For Anti-Anxiety Medication: I am aware that there may be significant side effects from taking anti-anxiety agents including sedation, unsteady gait, falls, confusion and motor vehicle accidents. I have discussed these concerns thoroughly with my psychiatrist.
- I realize that all medications have potential risks, and that a risk benefit analysis is part of any decision regarding taking medication. My signature below indicates my willingness to take these medications and that I am aware of the risks involved.

Patient/Authorized Legal Representative sign below: