

## Consent for Psychoactive Medication

1. The nature of his/her physical and mental condition:
  - a. Patient reports state of sadness and has contemplated self-harm.
2. The expected beneficial effects of his/her condition as a result of treatment with this medication:
  - a. Treatment of depression that the patient is experiencing.
3. The probable health and mental health consequences of not taking medication including the occurrence, increase or reoccurrence of symptoms of mental illness:
  - a. Worsening thoughts of self-harm, possible suicide.
4. Accepted alternative forms of treatment, if any that could reasonably be expected to achieve the same benefits of the medication and why the physician rejects the alternative treatment:
  - a. Patient states that she likes to go on walks. This might help her with stress release. Although patient also states that she has not found joy in this anymore.
5. A description of the proposed course of treatment for the medication:
  - a. The course of treatment is to begin on antidepressants and have a follow up appointment with physician. The medication will take weeks to begin working at its peak.
6. The fact that side effects of varying degrees of severity are a risk of all medications:
  - a. Risks and benefits need to be weighted by patient and prescribing physician.
7. The relevant side effects of the medication including
  - a. any side effects which are known to frequently occur:
    - a. Weight gain and loss, fatigue, dizziness, headaches, agitation, and confusion.
  - b. any side effects to which the patient may be predisposed:
    - a. Fatigue because patient states she has no energy lately.
  - c. the nature and possible occurrence of the potentially irreversible symptoms of Tardive Dyskinesia in some patients taking neuroleptic medication in large doses and/or over a long period of time:
    - a. yes, this is a possibility. Report signs of this: Repetitive chewing, rapid eye blinking/twitching, tongue thrusts, restlessness.

- d. the potentially harmful side effects and potential danger to an embryo or fetus and the necessity \ to use a reliable means to avoid pregnancy:
  - a. Please practice safe sex and report any potential of pregnancy immediately.
- 8. The patient advised to notify staff or the provider if any of these side effects occur:
  - a. Suicidal ideation, uncontrolled muscle movements, blurred vision, significant weight loss or gain, dizziness, tingling, confusion.
- 9. Instructions given that the patient may withdraw consent at any time:
  - a. Patient has choice to refuse treatment at any time.
- 10. Answered all questions answered concerning this treatment:
  - a. Patient has answered all questions on consent form and seems to understand all topics to best of her ability.