

- as you know, you have been diagnosed with schizophrenia and this new medication is going to benefit your diagnosis
 - this medication will decrease your hallucinations, and you will be able to go back to more stability, and doing your normal day to day activities
 - if you decide not to take this medication, there is a possibility your symptoms will become worse or the flares up may occur more often
 - since you have been experiencing recent exacerbations, your doctor thinks that this new medication will have many more benefits and rewards over the oral medication
 - The treatment includes an injection today, then we will see you back in one week for the second injection and then after that we will see you once a month for follow up injections
- as you know all medications do come with side effects and these are some that you may experience: headache, dizziness, muscle tremors, ticks of the face
- since you have already taken the oral medication you may already have experienced these side effects but since this is an injection the side effects may be a little more severe (include TD and NMS and the symptoms that may occur with these)
- Know that there is an increased risk for danger of the embryo or fetus so they need to avoid pregnancy at all cost on this medication
 - "advise nurse if any side effects occur"
 - You are able to withdraw from this consent form at any time
 - Do you have any other questions or concerns about this medication
 - Are you willing to sign the form