

Laura Contreras – Consent form script

1. You have a diagnosis of schizophrenia
2. This medication will hopefully decrease the voices in your head and increase your interest in doing the things you previously did like school.
3. If you choose to not take this medication your symptoms will either stay the same or get worse, and your hospital stay may be longer.
4. The doctor has chosen this medication over the oral tablet because with this medication you will not have to worry about taking it every day, since it is a monthly injection
5. With this medication you will receive an initial dose, and second dose a week later, and then a maintenance dose monthly that will be given in your arm
6. With all medications you may experience side effects.
7. With this medication, some of the side effects that you may experience are
 - a. injection site reactions, sleepiness, dizziness, feeling restless, shaking, shuffling, uncontrolled involuntary movements, and abnormal movements of your eyes
 - b. you may experience some of the same side effects that you experienced while taking the oral form of this medication
 - c. you could possibly experience some permanent symptoms of Tardive Dyskinesia such as repetitive, involuntary movements such as grimacing, eye-blinking, and lip smacking
 - d. this medication is not approved for pregnant woman so don't get pregnant while on this medication. If you plan to, or do become pregnant, let your provider know immediately
8. Notify your health care providers immediately if you experience any of these side effects
9. You can withdraw consent at any time if you wish to
10. Do you have any questions?