RIA
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Informed Consent for Medications

Written I have received information from the physicians or designee regarding the following medications. I have been informed of the reason for medications, the risk and benefit anticipated (including the risks and benefits in pregnancy if applicable), the possible side effects associated with the medication and likely consequences if the medication is refused. Specifically, the potential to develop metabolic syndrome with second generation antipsychotics.

My physician, or designee, described available alternative treatments to me. My signature below indicates that I have read and understand the information and agree to the prescribing and/or the administration of the medications listed below, including any dosage changes.

I understand that this consent can be withdrawn at any time. To avoid delaying necessary treatment, staff will obtain verbal consent from the parent or guardian to initiate immediate service and will work towards obtaining written consent for psychotropic medications within ten days (this applies to minors and adults with legal guardians). Age of patients to consent for medication by state: State of CA, GA, IL, Age 12. State of FL, WA, Age 13. State of PA, WI, Age 14. State of CO, Age 15. State of TN, MN, Age 16.

Medications :_____

Patient Signature:
Name: _____
Relationship: _____
Signature: _____
Date: _____

Legal Guardian (if patient is <18 yr of age) Signature:
Name: _____
Relationship: _____
Signature: _____
Date: _____