



## INFORMED CONSENT TO TREAT WITH MEDICATION

I, \_\_\_\_\_, do hereby authorize my prescribing working for BOSC Mental Health to prescribe the following medication(s):

\_\_\_\_\_

I understand that the reason this/these medication(s) are being prescribed is to treat my illness. Furthermore, by signing this **Consent Form** I am confirming that my provider has informed me of the nature of the treatment, the type of medication that I am taking and any subsequent risks or side effects associated with this/these medication(s). I also confirm that I understand the risks and side effects associated with this/these medication(s).

Please check and initial one choice below:

I am allergic to: \_\_\_\_\_

\_\_\_\_\_ Initials

I have no known Allergies

\_\_\_\_\_ Initials

### Female Patients:

**Yes, I am pregnant.** My provider informed me of potential risks to me and my developing, new-born, or breastfed baby that may occur due to taking this/these medication(s) while pregnant/breastfeeding. My provider explained that I will be referred to my Gynecologist at this time for continued psychiatric care alongside my maternity care. Once I deliver my baby, I will return to BOSC Mental health for continued psychiatric care.

\_\_\_\_\_ Initials

**No, I am not pregnant.** I understand that taking this medication(s) may carry Risk of harm to a developing, new-born, or breastfed baby. I agree to discuss any plans for Pregnancy with my provider as soon as possible, if applicable.

\_\_\_\_\_ Initials

I understand that I may not be compelled to take this/these medication(s) and that I may discontinue this/these medication(s) at any time. However, I further understand that if I stop taking this/these medication(s) I may experience serious side effects, and therefore, I should not discontinue taking the medication without the awareness and active participation of my prescribing provider.

**OFF LABEL MEDICATION:** Off-Label medication is defined as: The use of a drug to treat a condition or target symptom(s), even though the drug is not specifically approved to do so by the US Food and Drug Administration (FDA).

**BLACK BOX WARNING:** Black Box Warnings are defined as: The strictest warning put in the labelling of prescription drugs or drug products by the US Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug.

My signature below indicates that:

1. I understand the contents of this release as well as my rights with respect to agreeing to or refusing any medication suggested to treat my illness.
2. This consent form was discussed with me in detail and that all my questions were answered to my satisfaction.
3. The nature and rationale of treatment with this/these medication(s), explanation of possible side effects (including black box warnings) and whether this/these medication(s) is/are being prescribed for "OFF LABEL" use was also discussed and I have no further questions. Signing indicates that I believe the benefits of treatment outweigh the risks.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Typing Your Name Here Constitutes Legal Signature*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Typing Your Name here Constitutes Legal Signature*