



Psychotropic Medication Consent

This form provides recommended *psychotropic* medication(s) information to support a client's mental health. It cannot be used or interpreted to enforce use against a client's will.

Medication Name	Daily Minimum Dose	Daily Maximum Dose	Frequency	Route	Duration

List REASON(S) for taking above medication(s):

TOPICS DISCUSSED:

- Discussed probable side effects and possible side effects if taken longer than 3 months. Medication information sheets have been offered.
- Additional and alternative treatment options discussed, including the likelihood of improving or not improving without the medication(s) listed above, and deemed reasonable for my condition include:

Psychotherapy
 Group or family therapy
 Other medications
 Other: _____
- Possible drug interactions that may occur with other medications and drugs. I agree to notify my/my child's prescriber regarding any medication(s) or changes in medication(s), prescribed by other prescriber(s), and regarding use, or changes in use, of over-the-counter drugs or natural/herbal supplements.

PSYCHOTROPIC MEDICATION CONSENT
 San Bernardino County
 DEPARTMENT OF BEHAVIORAL HEALTH
 Confidential Patient Information
 See WIC § 5328

NAME:
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4. Potential medication risk to an unborn baby or a newborn being breastfed, and I have told my/my child's prescriber whether I am/my child is currently pregnant or breastfeeding. I agree to inform my prescriber if there is any possibility/intention of myself/my child becoming pregnant or breastfeeding.
5. Alcohol and/or other street/illicit drugs should be avoided due to alteration of mind and thought process, as well as dangerous interactions that can adversely affect intended actions of prescribed medications.
6. I am/my child is aware that medications can impair the ability to drive or operate equipment. I/my child should avoid driving or using heavy machinery until I know/my child knows how the medication(s) prescribed affect me/my child. I take responsibility for maintaining the safety of myself/my child, and the safety of others.
7. I agree/my child agrees to take the medication(s) as prescribed and, especially when starting meds or during changing doses, watch for any unusual or adverse effects. I will contact my/my child's prescriber about adverse effects or Emergency/911 if adverse effects become serious.
8. Discontinuing medications (especially abruptly) can cause serious adverse effects. I agree to discuss stopping medications with my/my child's prescriber before doing so, and to follow medical advice about safely tapering/lowering medications to discontinue.
9. Medications are selected based on best evidence supported by clinical literatures, guidelines, and expert opinions, even though sometimes a particular medication might not have U. S. Food and Drug Administration approval for the use(s) and dose range discussed.

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that the above topics were covered entirely; in addition medication information sheets were offered. I have consented to, and accept the risks of treatment with the medication(s) indicated in this form. I also understand that I have the right to refuse this/these medication(s) and that it/they cannot be administered to me/my child without my consent. I may seek further information at any time that I wish, and I may withdraw my consent to treatment with the above medication(s) at any time by stating my intention to my/my child's prescriber. I certify with my signature that I have legal authority to sign this consent and that the relationship listed is valid and legal.

Client or Parent/Guardian/Conservator's Signature:	Relationship to Client:	Date:
Minor's Assent (If Applicable)		Date:
Prescriber's Signature:	Prescriber's Name Stamp (Printed):	Date:
Staff Witness (if patient agrees but chooses not to sign):		Date:

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LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call **1-888-743-1478 (TTY: 7-1-1)**.

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call **1-888-743-1478 (TTY: 7-1-1)**.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-743-1478 (TTY: 7-1-1)**.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-743-1478 (TTY: 7-1-1)**.

Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-743-1478 (TTY: 7-1-1)**.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-888-743-1478 (TTY: 7-1-1) 번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-743-1478 (TTY: 7-1-1)**。

Հայերեն (Armenian)

ՌԻՇԱԴՐՈՒԹՅՈՒՆՆԵՐԷՆ խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք **1-888-743-1478 (TTY (հեռատիպ) 7-1-1)**.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-743-1478 (телефон: 7-1-1)**.



LANGUAGE ASSISTANCE

فارسی (Farsi)

ی‌زبان لات‌یتسه، دی‌کن یم گفتگـو ی‌فارس زبان به اگر **توجه** شما ی‌بران‌گان ی‌را بصورت دی‌ری‌بگ تماس **(1-888-743-1478 (TTY: 7-1-1)** با باشد یم فراهم

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-888-743-1478 (TTY: 7-1-1) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-888-743-1478 (TTY: 7-1-1)**.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੇ, ਤਾੀਂ ਭਾਸ਼ਾ ਧ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। **1-888-743-1478 (TTY: 7-1-1)** 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

برقم اتصل بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة
1-888-743-1478 (7-1-1) (والبيكم الصم هاتف رقم)

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-743-1478 (TTY: 7-1-1)** पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-743-1478 (TTY: 7-1-1)**.

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អរ ើសិនជាអ្នកនិយាយ ភាសាខ្មែរ , រសវាជំនួយមននកភាសា រោយមិនគិត្ក្នួល គីអាចមានសំរា ំ ំអរ ើអ្នក។ ចូ ទូ ស័ព្ទ **1-888-743-1478 (TTY: 7-1-1)**។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-888-743-1478 (TTY: 7-1-1)**.