



Psychiatric and Counseling Services

757.229.7927

Consent and Medication Treatment Acknowledgement

Individual Name: _____ **Date:** _____

The decision to take medication for my psychiatric / behavioral problems is my choice and is based on the information provided to me by my physician about the reasons why the medication may be helpful. The potential side effects and possible risks from the medications have been explained to me.

I realize it is important to report to my prescribing physician any side effects I may have.

I understand I should let my doctor know as soon as possible if I missed a menstrual period or suspect I might be pregnant.

I understand my medication may impair the mental and physical abilities required for driving a car or operating machinery and I should avoid these activities if I feel drowsy or slowed down.

I pledge I will not use alcohol, recreational drugs, or over the counter medications as they can interact with or change the effect of my prescribed medication. I understand I will consult with my physician regarding over the counter medications.

I understand I will be informed if my physician may prescribe medication which is not FDA approved for the treatment of my condition.

Appointment Expectation

I understand I must be on time for my appointment and any missed appointments without cancellation and rescheduling prevents my physician from meeting my healthcare needs.

I understand my medication(s) refill(s)/ renewal(s) are based upon my keeping of scheduled appointments.

I understand it is my responsibility to take medication(s) in the dose prescribed and to keep track of amounts that are remaining. Early refills / renewals will not be given.

In case the psychiatrist is running late and you are unable to wait, your medication will be refilled.

Controlled Substances

Controlled substance medications which include narcotics, psycho stimulants, tranquilizers and some sleeping agents are very useful but have high potential for misuse and are therefore closely controlled by the local, state, and federal government. These medications are intended to control my symptoms and improve function and are not simply to make me feel good. I understand controlled substances may cause psychological dependence (addiction) which is rare. Some individuals may develop a tolerance, which is the need to increase the dose of medication to achieve the same effect of symptom control and some may become physically dependent on medication(s). This may occur if a person is on the medication(s) for several weeks. When the medication(s) is stopped, the person must do so slowly under the supervision of the prescribing physician or she / he may experience withdrawal symptoms.

Safety Alert

To ensure my safety and prevent danger to my health, I will keep my physician informed of all my prescribed medications including similar medications, over the counter (OTC), herbal and other supplements prescribed by other physicians and / or health professionals.