**Psychotropic Medication Informed Consent**

**All residents have a right to be informed of their health status and to accept or refuse medical treatment.
The intent of this form is to provide informed consent for the administration of psychotropic medication(s).**

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| --- | --- |
| Name: | Room #: |
| Physician: | Medical Record #: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication Drug Class****(Anti-Psychotic/Anti-Depressant/Anti-Anxiety/ Anti-Manic/Hypnotic)** | **Medication**  | **Benefits of Medication** | **Potential Adverse Reactions/ Side Effects\*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Two or more medications in the same category may increase adverse reactions/side effects.**

**Reason for Use of Medication**

Include diagnosis(es) that supports the use of psychotropic medication(s):

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**Psychotropic Medication Informed Consent**

**Non-pharmological Interventions**

Discuss the interventions that were used prior to the decision to use psychotropic medication(s).

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**Monitoring**

* The care plan has been updated to reflect the resident’s choice, their goals and support needs, frequency of monitoring for appropriate dose, and the goal of dose reduction.

**Informed Consent**

The risks and benefits of the above named medication(s) have been explained to me in a manner that is easy for me to understand, either verbally and/or in writing. I understand that I have a right to refuse these medications and/or withdraw my consent at any time by informing facility staff.

|  |  |
| --- | --- |
| Resident/Medical Decision Maker Name/Signature: | Date: |
| Name/Signature of Staff Member Who Provided Education: | Date: |

* The resident does not have capacity to give informed consent, and the medical decision maker lives out of state:

|  |  |
| --- | --- |
| Verbal Consent Obtained from (Name/Title): | Date: |
| Name/Signature of Staff Member Who Provided Verbal Education: | Date: |

*(****NOTE****: Ensure you are following your specific State regulations that govern the administration of psychotropic medications and informed consent.)*