Informed Consent for Psychiatric Medication Use Patient Name:

Patient Name:	
Date of Birth:	
Medication Name:	
Prescribing Clinician:	
Date:	
Purpose of Medication	
Potential Benefits	
Potential Denemis	
•	
•	
Possible Risks and Side Effects	
•	
•	
Alternatives to Medication	
•	
• •	
Patient Understanding & Concept	
Patient Understanding & Consent	

Patient Signature:		
Date:		
Clinician Signature:		
Date:		
Date:		