

**INFORMED CONSENT FOR MEDICATION**

Dosage and / or Side Effect information last revised on 4/28/2008

Completion of this form is voluntary. If not completed, the medication cannot be administered without a court order unless in an emergency.  
 This consent is maintained in the client's record and is accessible to authorized users.

Name – Patient / Client (Last, First, MI)		ID Number	Living Unit	Birthdate
Name – Individual Preparing This Form		Name – Staff Contact		Name / Telephone Number – Institution

MEDICATION CATEGORY	MEDICATION	RECOMMENDED DAILY TOTAL DOSAGE RANGE	ANTICIPATED DOSAGE RANGE
Antidepressant (SSRI)	Celexa (citalopram)	10 mg. – 60 mg.	

The anticipated dosage range is to be individualized, may be above or below the recommended range but no medication will be administered without your informed and written consent.

Recommended daily total dosage range of manufacturer, as stated in *Physician's Desk Reference* (PDR) or another standard reference.

This medication will be administered  Orally  Injection  Other – Specify:

**1. Reason for Use of Psychotropic Medication and Benefits Expected (note if this is 'Off Label' Use)**

Include DSM IV diagnosis or the diagnostic "working hypothesis."

**2. Alternative mode(s) of treatment other than or in addition to medications include**

Note: Some of these would be applicable only in an inpatient environment.

- |  |  |
|--|--|
| <input type="checkbox"/> -Environment and / or staff changes         | <input type="checkbox"/> -Rehabilitation treatments / therapy (OT, PT, AT) |
| <input type="checkbox"/> -Positive redirection and staff interaction | <input type="checkbox"/> -Treatment programs and approaches (habilitation) |
| <input type="checkbox"/> -Individual and / or group therapy          | <input type="checkbox"/> -Use of behavior intervention techniques          |

**Other Alternatives:**

**3. Probable consequences of NOT receiving the proposed medication are**

**Impairment of**  -Work Activities  -Family Relationships  -Social Functioning

**Possible increase in symptoms leading to potential**

- |   |   |
|---|---|
| <input type="checkbox"/> -Use of seclusion or restraints                  | <input type="checkbox"/> -Limits on recreation and leisure activities |
| <input type="checkbox"/> -Limits on access to possessions                 | <input type="checkbox"/> -Intervention of law enforcement authorities |
| <input type="checkbox"/> -Limits on personal freedoms                     | <input type="checkbox"/> -Risk of harm to self or others              |
| <input type="checkbox"/> -Limit participation in treatment and activities |   |

**Other consequences:**

**Note:** These consequences may vary, depending upon whether or not the individual is in an inpatient setting. It is also possible that in unusual situations, little or no adverse consequences may occur if the medications are not administered.

Possible side effects, warnings and cautions associated with this medication are listed below. This is not an all inclusive list but is representative of items of potential clinical significance to you. For more information on this medication, you may consult further with your physician or refer to a standard text such as the PDR or the United States Pharmacopoeia Dispensing Information (USPDI). As part of monitoring some of these potential side effects, your physician may order laboratory or other tests. The treatment team will closely monitor individuals who are unable to readily communicate side effects, in order to enhance care and treatment.

Continued – Possible side effects, warnings and cautions associated with this medication.

**Check with your doctor as soon as possible** if any of the following side effects occur: decrease in sexual desire or ability. **Other more common side effects** may include: drowsiness; dryness of mouth; nausea; trouble in sleeping.

**Check with your doctor as soon as possible** if any of the following less common side effects occur: agitation; blurred vision; confusion; fever; increase in frequency of urination or amount of urine produced; lack of emotion; loss of memory; menstrual changes; skin rash or itching; trouble in breathing. **Other less common side effects** may include: abdominal pain; anxiety; change in sense of taste; diarrhea; gas; headache (severe and throbbing); heartburn; increased sweating; increased yawning; loss of appetite; pain in muscles or joints; stuffy or runny nose; tingling, burning, or prickly feelings on skin; tooth grinding; trembling or shaking; unusual increase or decrease in weight; unusual tiredness or weakness; vomiting; watering of mouth.

**Although rare, contact your physician as soon as possible** if you experience the following side effects: anxiety; behavior change similar to drunkenness; bleeding gums; breast tenderness or enlargement or unusual secretion of milk (in females); difficulty in concentrating; dizziness or fainting; increased hunger; irregular heartbeat; low blood sodium (confusion, convulsions [seizures], drowsiness, dryness of mouth, increased thirst, lack of energy); mood or mental changes; nervousness; nose bleed; painful urination; purple or red spots on skin; sore throat, fever, and chills; red or irritated eyes; redness, tenderness, itching, burning, or peeling of skin; serotonin syndrome; shakiness; slow or irregular heartbeat (less than 50 beats per minute); trouble in holding or releasing urine; unusual or sudden body or facial movements or postures.

**Avoid drinking alcoholic beverages** while you are taking citalopram. **This medicine may cause some people to become drowsy**, to have trouble thinking, or to have problems with movement. Make sure you know how you react to citalopram before you drive, use machines, or do anything else that could be dangerous if you are not alert or well-coordinated.

**Symptoms of serotonin syndrome** (usually three or more occur together) Agitation; confusion; diarrhea; fever; overactive reflexes; poor coordination; restlessness; trouble breathing; shivering; sweating; talking or acting with excitement you cannot control; trembling or shaking; twitching.

**BLACK BOX WARNING:** Antidepressants increased the risk of suicidal thinking and behavior in children, adolescents, and young adults in short-term studies with major depressive disorder (MDD) and other psychiatric disorders. Short term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24, and there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. This risk must be balanced with the clinical need. Monitor patients closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. Not approved for use in pediatric patients.

**Not to be used in combination with an MAOI** or within 14 days of discontinuing treatment with an MAOI. If you do, you may develop extremely high blood pressure or convulsions (seizures).

**See PDR, USPDI or US Hospital Formulary Service for all-inclusive list of side effects.**

**By my signature below, I GIVE consent for the named medication on Page 1 and anticipated dosage range. My signature also indicates that I understand the following:**

1. I can refuse to give consent or can withdraw my consent at any time with written notification to the institution director or designee. This will not affect my right to change my decision at a later date. If I withdraw consent after a medication is started, I realize that the medication may not be discontinued immediately. Rather it will be tapered as rapidly as medically safe and then discontinued so as to prevent an adverse medical consequence, such as seizures, due to rapid medication withdrawal.
2. Questions regarding this medication can be discussed with the Interdisciplinary Team, including the physician. The staff contact person can assist in making any necessary arrangements.
3. Questions regarding any behavior support plan or behavior intervention plan, which correspond with the use of the medication, can be directed to the client's social worker, case manager or psychologist.
4. I have the right to request a review at any time of my record, pursuant to ss. 51.30(4)(d) or 51.30(5)(b).
5. I have a legal right to file a complaint if I feel that client rights have been inappropriately restricted. The client's social worker, case manager or agency / facility client rights specialist may be contacted for assistance.
6. My consent permits the dose to be changed within the **anticipated dosage range** without signing another consent.
7. I understand the reasons for the use of the medication, its potential risks and benefits, other alternative treatment(s) and the probable consequences, which may occur if the proposed medication is not given.
8. This medication consent is for a period effective immediately and not to exceed fifteen (15) months from the date of my signature. The need for and continued use of this medication will be reviewed at least quarterly by the Interdisciplinary Team. The goal, on behalf of the client, will be to arrive at and maintain the client at the minimum effective dose.

**SIGNATURES**

**DATE SIGNED**

Client – If Presumed Competent to Consent / Parent of Minor / Guardian	Relationship to Client <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	
Staff Present at Oral Discussion	Title	

Client / Parent of Minor / Guardian Comments

As parent/guardian was not available for signature, he/she was verbally informed of the information in this consent.

**Verbal Consent**

Obtained by – PRINT – Staff Name	Date Obtained	Written Consent Received
Obtained from – PRINT – Parent/Guardian Name	Date Expires	Date Received