family medical center of michigan

Joint Commission on Accreditation of Healthcare Organizations

DATE OF BIRTH:____________________

____________________________________, my Physician Mr. Mubeen Memon MD, has explained to me that I have/had a psychiatric illness. We have discussed my diagnosis and treatment options. My Doctor recommends that I receive the following medication(s) for treatment.

	Date	Medication	Class	Dosage Range	Initial Dosages
1					
2					
3					
4					
5					

Dr. Memon has informed me the nature of the treatment and has explained to me the risks of the possible side effects, including but not limited to:

- Tardive Dyskinesia
- Increased Glucose and Diabetes Mellitus
- Increased Cholesterol, LDL's and Decreased HDS's
- Increased risk of a Stroke and Heart Disease

- I was provided with the Medication Instruction Sheet and verbal explanation for the appropriate Class of Medication. Its known side effects were explained to me and I was given an opportunity to discuss the medication with my physician.
- While mediations of these types have been used successfully in the treatment of others with symptoms similar to mine, I understand that no guarantee can be made that of these agents, will be effective in the treatment of my particular symptom(s).
- Also, I will inform my physician if I am pregnant, or plan to become pregnant, to avoid any ill effects. My physician has explained to me that some of these medication(s) could cause injury to a developing fetus.

***To my knowledge: I am not pregnant now_______ I am pregnant________

Date	Client/Guardian/Parent name (PRINTED)	Client/Guardian/Parent name (SIGNATURE)	PROVIDER (SIGNATURE)
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Example