

DSH PSYCHOTROPIC MEDICATION

Operational Procedures

APPENDIX – INFORMED CONSENT FORM (DSH 9181)

I. Informed Consent Form

A. An informed consent form for psychotropic medication will be completed at the following times:

1. Hospital admission
2. Whenever a new psychotropic medication is prescribed
3. As indicated by local DSH facility policy

B. Exceptions include:

1. Emergently prescribed psychotropic medications
2. Psychotropic medications prescribed pursuant to an involuntary medication order
3. When informed consent has been granted by a validly appointed conservator or guardian.

II. The DSH Informed Consent Form (DSH 9181) is at the following web location:

<http://dshinsite.ca.gov/StateHospitals/HospitalForms/Psychiatry/DSH-9181.PDF>

III. The text of the DSH Informed Consent Form (DSH 9181) follows hereafter:

State of California-Health and Human Services Agency
Department of State Hospitals

Informed Consent For Psychotropic Medication

DSH-9181 (new 10/14)

A patient shall be treated with psychotropic medications only after being informed of his or her right to accept or refuse such medications and has consented to the administration of such medications. In the case of a specific commitment or court order, or in an emergency, that patient may receive involuntary medication against his/her will. The patient shall still have the right to have the benefits, risks, and alternatives to involuntary medication explained to him/her. In order to make an informed decision, the patient shall be provided with sufficient information by the physician/NP prescribing such medications (in the patient's native language or American Sign Language, when indicated) which shall include the following:

DSH PSYCHOTROPIC MEDICATION

Operational Procedures

- a. The nature of the patient's mental condition.
- b. The reasons for taking such medications, including the chances of improvement without the medication.
- c. The reasonable alternative treatments available, if any.
- d. The specific name of the medication prescribed.
- e. The side effects of the medication known to commonly occur, including any special risk for this patient.
- f. The long term health risks of the medication prescribed.
- g. The need for medical monitoring including periodic blood tests as appropriate.
- h. This patient's right or lack of right to refuse the administration of psychotropic medication as prescribed.

I HAVE RECEIVED THE PRINTED INFORMATION ON THE MEDICATION(S). I UNDERSTAND THE BENEFITS, RISKS, SIDE EFFECTS AND ALTERNATIVES TO TREATMENT INCLUDING NO TREATMENT. I CONSENT TO TAKE THE MEDICATION(S) AS PRESCRIBED. IF I HAVE ANY FURTHER QUESTIONS I KNOW I CAN ASK FOR MORE INFORMATION

MEDICATION	Date	MD/DO/NP Print Name/Signature	Patient or Conservator Signature	Declined to Sign
INFORMED CONSENT FOR PSYCHOTROPIC MEDICATIONS DSH-9181 (new 10/14) Confidential Patient Information See W&I Code Section 5328			Addressograph	

DSH PSYCHOTROPIC MEDICATION

Operational Procedures

IV. Sample DSH Informed Consent Form (DSH 9181)

State of California-Health and Human Services Agency

Department of State Hospitals

Informed Consent For Psychotropic Medication

DSH-9181 (new 10/14)

A patient shall be treated with psychotropic medications only after being informed of his or her right to accept or refuse such medications and has consented to the administration of such medications. In the case of a specific commitment or court order, or in an emergency, that patient may receive involuntary medication against his/her will. The patient shall still have the right to have the benefits, risks, and alternatives to involuntary medication explained to him/her. In order to make an informed decision, the patient shall be provided with sufficient information by the physician/NP prescribing such medications (in the patient's native language or American Sign Language, when indicated) which shall include the following:

- a. The nature of the patient's mental condition.
- b. The reasons for taking such medications, including the chances of improvement without the medication.
- c. The reasonable alternative treatments available, if any.
- d. The specific name of the medication prescribed.
- e. The side effects of the medication known to commonly occur, including any special risk for this patient.
- f. The long term health risks of the medication prescribed.
- g. The need for medical monitoring including periodic blood tests as appropriate.
- h. This patient's right or lack of right to refuse the administration of psychotropic medication as prescribed.

I HAVE RECEIVED THE PRINTED INFORMATION ON THE MEDICATION(S). I UNDERSTAND THE BENEFITS, RISKS, SIDE EFFECTS AND ALTERNATIVES TO TREATMENT INCLUDING NO TREATMENT. I CONSENT TO TAKE THE MEDICATION(S) AS PRESCRIBED. IF I HAVE ANY FURTHER QUESTIONS I KNOW I CAN ASK FOR MORE INFORMATION.

MEDICATION	Date	MD/DO/NP Print Name/Signature	Patient or Conservator Signature	Declined to Sign

INFORMED CONSENT FOR
PSYCHOTROPIC MEDICATIONS
DSH-9181 (new 10/14)
Confidential Patient Information
See W&I Code Section 5328