

# Medication Informed Consent Document

*For Behavioral or Psychiatric Conditions*

<b>FOR PA REQUEST FOR MEDICAID BENEFICIARIES, FAX FORM TO Fax 1-866-546-0484</b>	
<b>Physician AR Medicaid ID Number:</b>	<b>Recipient Medicaid ID Number:</b>
<b>Physician Name:</b>	<b>Patient Name:</b>
<b>Address</b>	<b>Address:</b>
<b>City:                      State:                      Zip:</b>	<b>City:                      State:                      Zip:</b>
<b>Phone: (    )</b>	<b>Patient's Date of Birth:                      /                      /</b>
<b>Fax: (    )</b>	

## PARENTAL/GUARDIAN CONSENT STATEMENT

I understand:

- With or without medicine, counseling is important to help change behavior.
- Medicine may help manage some symptoms.
- What to expect without treatment, with counseling only, with medicine only, and with both counseling and medicine.
- I can refuse the use of this or any other medicine at any time.
- Medicines may sometimes cause behavior or health problems. Sometimes these affects may be permanent.
- I was given an information sheet about the recommended medicine. The sheet tells about:
  - FDA approval (if any) for using the medicine in children
  - Any safety concerns
  - How to stop taking the medicine
  - What to do about missing a dose
  - How to keep track of the effects of the medicine
- The effects and risks of this medicine may change over time. My child will need regular visits with the doctor to make sure it is safe to keep using the medicine.

