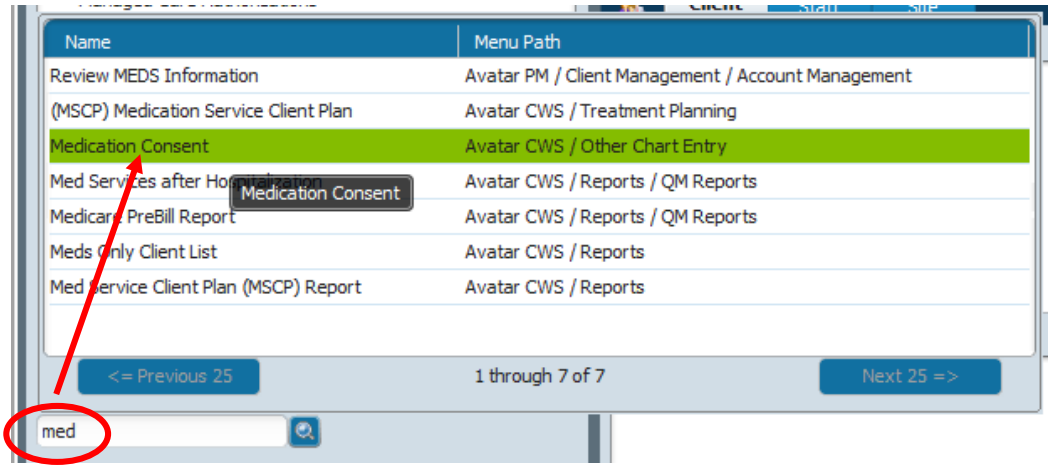
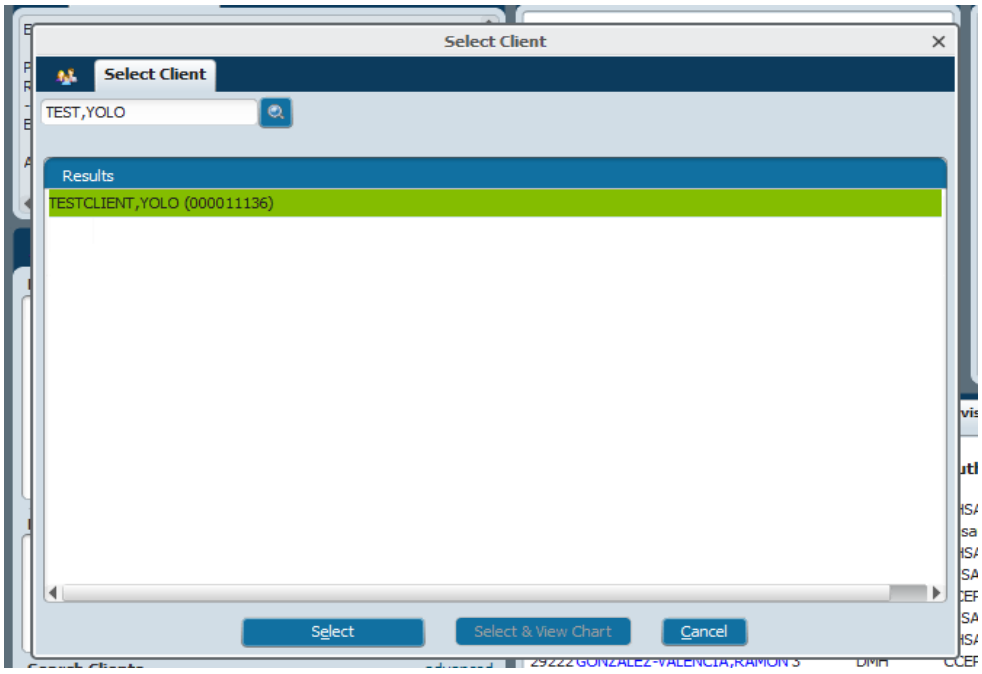
Medication Consent Form Instructional Guide

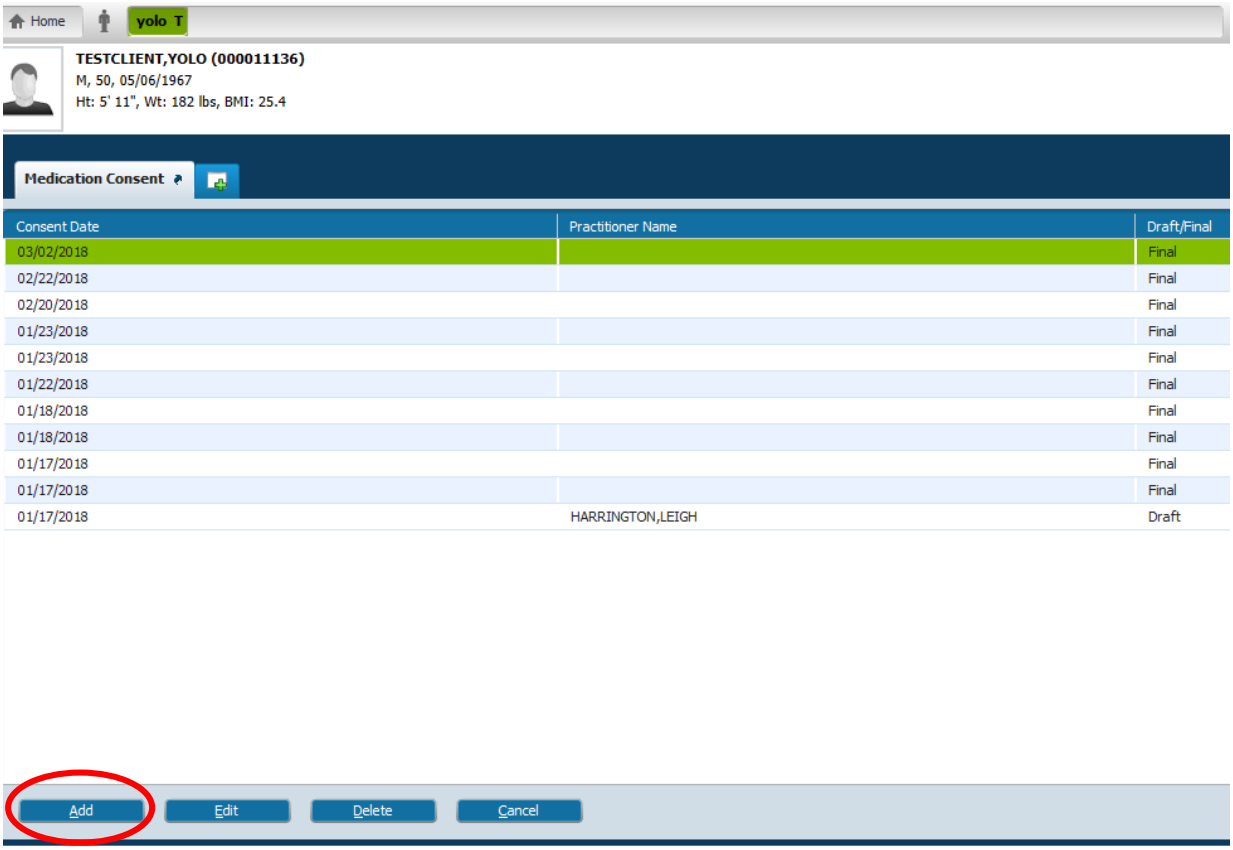
1. In the **Search Forms** box, type “med” to search for the Medication Consent form. Double-click on **Medication Consent** to open the form.



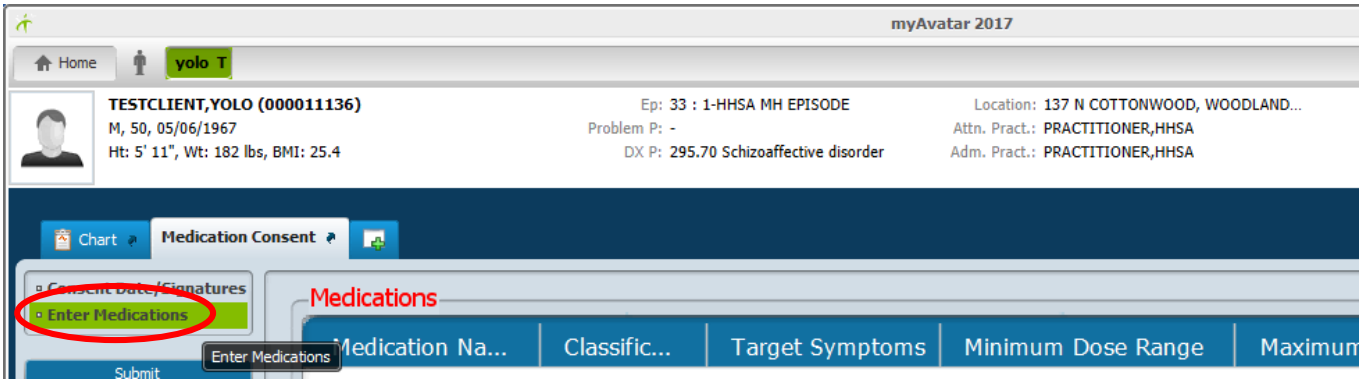
2. The **Select Client** form will launch. Type in the name of the client for whom medication consent is being completed. Choose the appropriate client and click Select. Next, select the appropriate episode (e.g., 1-HHSA MH EPISODE). Once episode is selected, the Medication Consent form will launch (see 3).



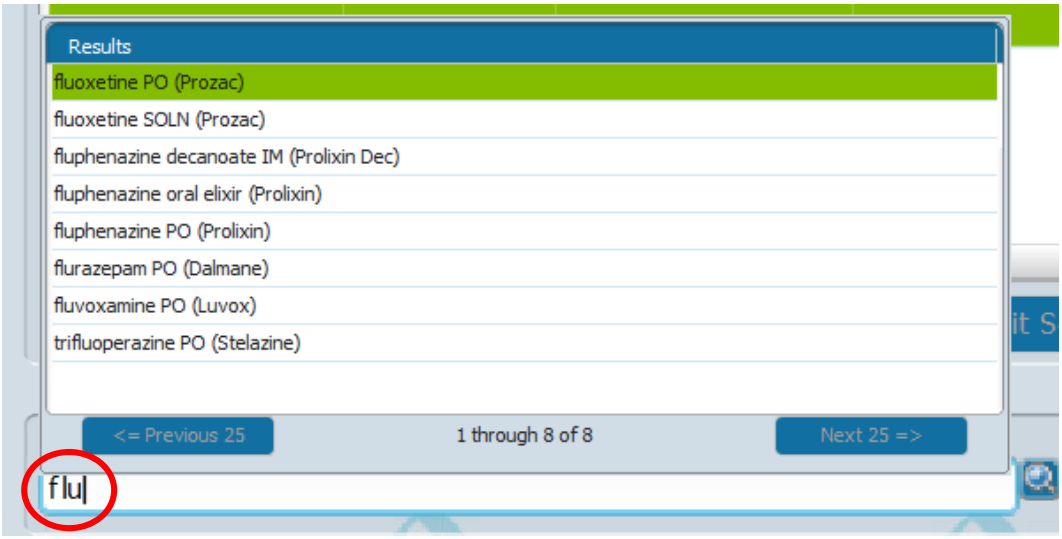
3. On the Medication Consent form screen, click **Add** to create a new medication consent.
   If a form is marked as **Final**, it **cannot** be edited or deleted.
   If a form is marked as **Draft**, it **can be edited before being submitted as final**. In this case, Medication Consent may be drafted by the MA/Nurse, saved as Draft, then opened by the MD/NP, reviewed with client, signatures obtained, and finalized.



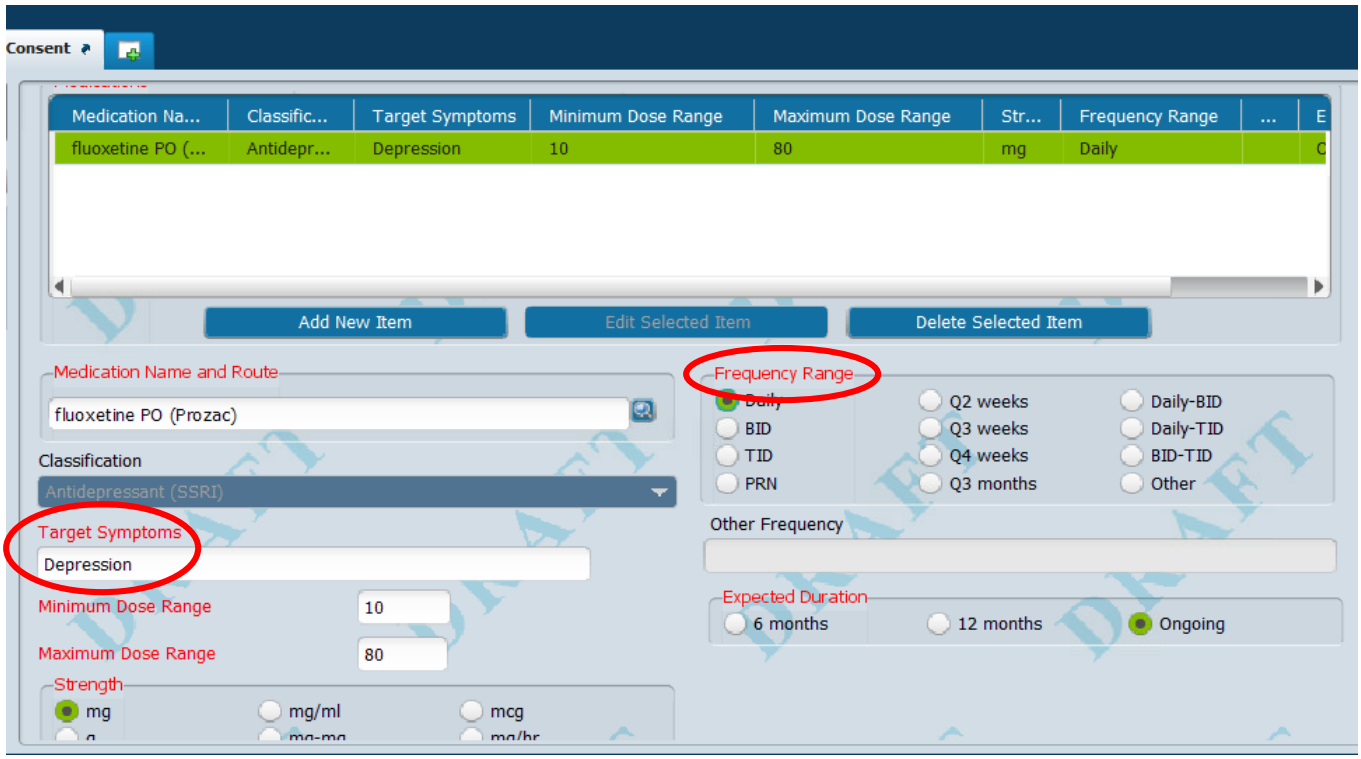
4. Once you click Add, the first screen that appears is the Consent Date/Signatures page. Before completing this section, medications must first be added to the consent form. From the left side of the screen, click on **Enter Medications**.



5. Enter all of the medications for which informed consent is being obtained.
Click on **Add New Item**. Then, under Medication Name and Route, type the name of the medication you are adding – you may **search by either generic or brand name**. From the results list, select the appropriate medication and route (e.g., fluoxetine PO (Prozac)). Double-click to select.

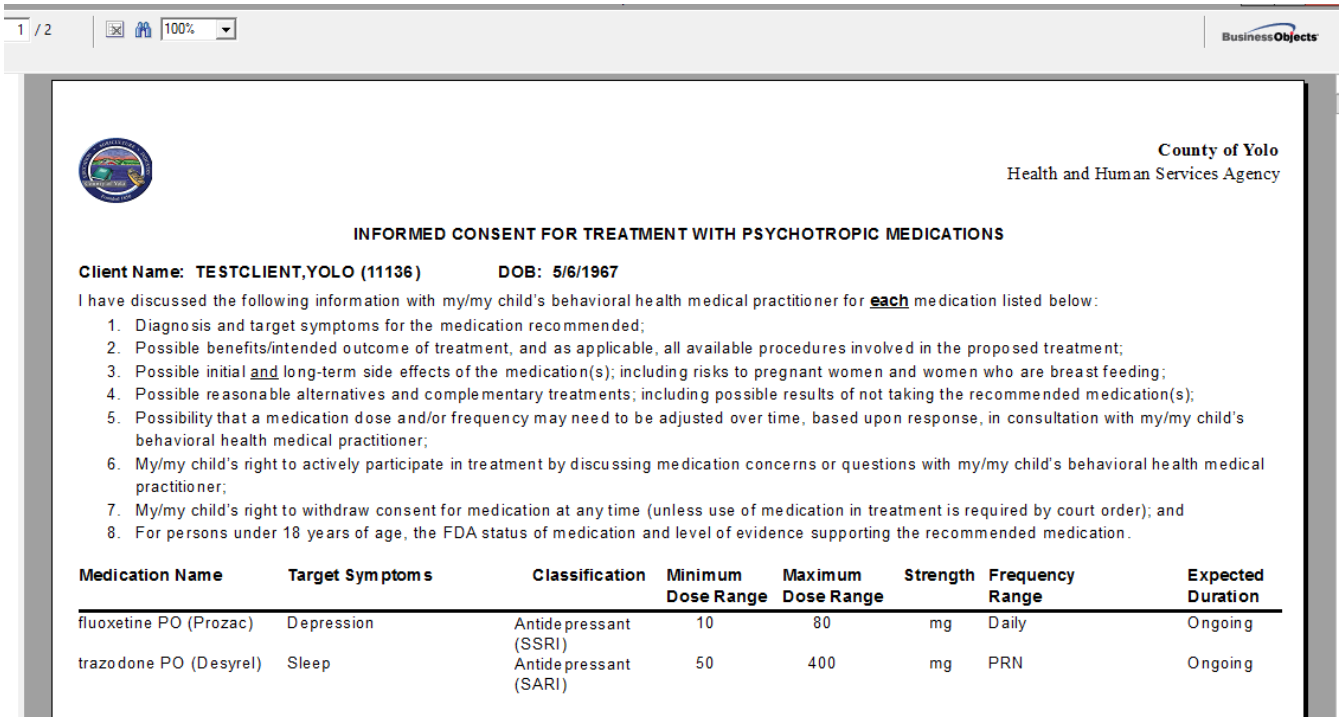


6. Once the medication is selected, fill in **Target Symptoms** and **Frequency Range**. All other categories are defaulted, but may be changed, if indicated.
Dose ranges: minimum and maximum dose ranges are pre-populated, but may be changed if you need to prescribe the medication outside of the typical range.
Strength: defaulted to "mg", but may be changed if needed.
Expected Duration: defaulted to "ongoing", but may be changed if needed.



7. When you are done entering all of the medications needing to be added, click back on **Consent Date/Signatures** on the left hand side of the screen.
   Enter the **Consent Date** and obtain all necessary signatures.
   Mark as **Final** – you will get a message that says, "Selecting Final prevents future edits". Select OK.
   Then, click **Submit**.

8. Once submitted, an Informed Consent for Treatment with Psychotropic Medications "report" will launch, which displays a typed Medication Consent form that can be printed and provided to the client.



County of Yolo
Health and Human Services Agency

INFORMED CONSENT FOR TREATMENT WITH PSYCHOTROPIC MEDICATIONS

Client Name: TESTCLIENT,YOLO (11136) DOB: 5/6/1967

I have discussed the following information with my/my child's behavioral health medical practitioner for **each** medication listed below:

1. Diagnosis and target symptoms for the medication recommended;
2. Possible benefits/intended outcome of treatment, and as applicable, all available procedures involved in the proposed treatment;
3. Possible initial and long-term side effects of the medication(s); including risks to pregnant women and women who are breast feeding;
4. Possible reasonable alternatives and complementary treatments; including possible results of not taking the recommended medication(s);
5. Possibility that a medication dose and/or frequency may need to be adjusted over time, based upon response, in consultation with my/my child's behavioral health medical practitioner;
6. My/my child's right to actively participate in treatment by discussing medication concerns or questions with my/my child's behavioral health medical practitioner;
7. My/my child's right to withdraw consent for medication at any time (unless use of medication in treatment is required by court order); and
8. For persons under 18 years of age, the FDA status of medication and level of evidence supporting the recommended medication.

Medication Name	Target Symptoms	Classification	Minimum Dose Range	Maximum Dose Range	Strength	Frequency Range	Expected Duration
fluoxetine PO (Prozac)	Depression	Antidepressant (SSRI)	10	80	mg	Daily	Ongoing
trazodone PO (Desyrel)	Sleep	Antidepressant (SARI)	50	400	mg	PRN	Ongoing