

HEALING MINDS

Psychiatric-Mental Health Nurse Practitioner

Medication Consent Form

This form explains the purpose, risks, benefits, and alternatives of psychiatric medications. Please read carefully and ask any questions before signing this consent.

- **PURPOSE OF MEDICATION:**

Psychiatric medications are prescribed to treat symptoms such as anxiety, depression, mood instability, ADHD, sleep disturbances, and other mental health conditions.

- **BENEFITS:**

Many patients experience symptom improvement, increased stability, and improved daily function.

- **RISKS & SIDE EFFECTS:**

All medications have potential side effects. These may include changes in sleep, appetite, weight, energy, or mood. Rare but serious side effects may occur.

- **PREGNANCY & BREASTFEEDING:**

If you are pregnant, planning pregnancy, or breastfeeding, you must notify your provider immediately before continuing medication.

- **INTERACTIONS:**

Some medications interact with alcohol, cannabis, supplements, or other prescriptions. Always discuss new medications with your provider.

- **FOLLOW-UP CARE:**

Medications require regular follow-up appointments. Missing appointments may result in paused or discontinued prescriptions.

- **ALTERNATIVES:**

Alternatives may include therapy, lifestyle changes, or no treatment.

Full Legal Name:

Date of Birth (MM/DD/YYYY):

Signature (Typed Name):

Date: