

Consent for Psychotropic Medications
Jeffrey Becker, MD, Inc.

Please read this form carefully and review as necessary. If you have problems reading it, ask to have it read to you.

Jeffrey Becker, MD, met with me and we discussed my symptoms and the mental health or behavioral problems that led me to seek psychiatric treatment at this time. Dr. Becker has advised me of the medications that are known to be of help in treating the symptoms and mental or behavioral problems such as mine. He also discussed the risks and benefits of such medications and the likelihood of improvement or no improvement with or without medication. Dr. Becker advised me of the potential side effects of the medications prescribed to me from the groups below. I understand that any psychiatric medication can intensify the effects and adverse consequences of drinking alcohol. The side effects include but are not limited to:

Antipsychotics - (e.g., Abilify, Risperidone, Seroquel, Geodon,)

Drowsiness, stiffness, muscle spasms, tremors, restlessness, dry mouth, constipation, blurry vision, uncontrollable movements or development of tardive dyskinesia, weight gain, increased risk for diabetes or elevated lipids or cholesterol, lightheadedness, drooling, worsening seizures, changes in blood pressure, difficulty with discontinuation.

Antidepressants - (e.g., Celexa, Zoloft, Lexapro, Prozac, Selegiline, Remeron, Cymbalta, Wellbutrin, Emsam)

Dry mouth, constipation, drowsiness, lightheadedness, heart arrhythmia, nausea, diarrhea, decreased sex drive and function, headache, shakiness, restlessness, unsteadiness, weight gain, worsening seizures, changes in blood pressure, development of tolerance, psychological or physical dependence, difficulty with discontinuation.

Mood Stabilizers / Anticonvulsants – (e.g., Lithium, Depakote, Tegretol, Lamictal, Topamax, Gabapentin, Lyrica)

sedation, slowed thinking, unsteadiness, nausea, diarrhea, constipation, drooling, increase in liver enzymes, lowering of blood count, severe rash, changes in blood pressure, increased thirst and urination, decrease in thyroid function, lowered blood pressure, numbness and tingling in limbs, kidney stones, development of tolerance, psychological or physical dependence, difficulty with discontinuation.

Sedatives / Anxiolytics – (e.g., Ativan, Xanax, Klonopin, Valium, Restoril, Ambien, Lunesta, Sonata)

sleepiness, lightheadedness, unsteadiness, confusion, blurred vision, slurred speech, nasal congestion and dryness, dry mouth, constipation, development of tolerance, psychological or physical dependence, difficulty with discontinuation.

Stimulants - (e.g., Adderall, Ritalin, Concerta, Vyvanse)

Constipation, coughing, diarrhea, dizziness, drowsiness, dry mouth, flushing, headache, loss of appetite, nausea, nervousness, restlessness, stomach pain or upset, sweating, trouble sleeping, unpleasant taste, vomiting, weakness, weight loss, development of tolerance, psychological dependence, difficulty with discontinuation.

Anti-Parkinson's Drugs - (e.g., Cogentin, Artane)

Dry mouth, constipation, blurred vision, confusion, slow or difficult urination, excitation, sedation, insomnia.

Beta Blockers - (e.g., Propranolol, Metoprolol)

Dizziness, lightheadedness, tiredness, stomach pain, intense dreams, insomnia, slow heartbeat, fainting, impotence.

Muscle Relaxants - (e.g., Zanaflex, Baclofen, Flexeril, Gabapentin, Lyrica)

sleepiness, lightheadedness, unsteadiness, confusion, blurred vision, slurred speech, nasal congestion and dryness, dry mouth, constipation, acid reflux, development of tolerance, psychological or physical dependence, difficulty with discontinuation.

Xyrem / Sodium Oxybate

Nausea, vomiting, memory problems, depression, bedwetting, sleepwalking, headache, nasal congestion, physical discomfort, development of tolerance, psychological or physical dependence, difficulty with discontinuation.

I understand that I have the right to accept or refuse medications recommended to me. I also understand that medications may have side-effects that are unexpected or that are not on this list, and that if I have any further questions or want to know more about my medications I can ask for more information.

CONSENT: Your signature below confirms you have read and understand the foregoing and consent to evaluation and treatment.

Print Name

Date

Signature