

The physician should initial numbers 1 thru 5 after discussing each with the detainee.

I, _____, Alien#. _____ hereby authorize Dr. _____ or his/her relief (designee), to prescribe chlorpromazine (Thorazine), luphenazine (Prolixin), haloperidol(Haldol),Loxapine(Loxitane), mesoridazine(Serentil), haloperidol (Haldol),molindone (Moban), perphenazine (Trilafon), thioridazine(Mellaril), thiothixene (Navane), trifluoperazine (Stelazine) an antipsychotic medication to me and to continue said medication as is recommended for my psychiatric treatment.

1. ___ This medication is useful because it has been found to be effective in treating psychosis and its associated symptoms including sensory isolation, withdrawal from reality, delusions, disorganized or confused thinking, anxiety, agitation, unusual sensory perceptions (voices, smells, or visions), frightening or disturbing ideas, hallucinations, or feelings of violence or losing control.

2. ___ This medication may improve your condition by relieving all or some of the symptoms mentioned above.

3. ___ Common side effects to this medication may include, but are not limited to, dry mouth, blurred vision, constipation, drowsiness, dizziness, headache, tiredness, weight gain, various involuntary movement disorders (tremors of hands, muscle spasms or twitching, shuffling gait, or a feeling of a need to constantly move or stretch legs), and decreased sex drive. These effects are frequently temporary or can be controlled with a change in dosage or addition of another drug. Another side-effect of typical antipsychotic medications is tardive dyskinesia. This condition may occur after long-term use of these medicines or with high doses. It is an involuntary movement disorder (neurological condition) affecting the mouth, tongue, lips, or extremities. This side-effect is closely monitored by simple neurological exams and usually remits with termination of the medication. Some, but not all, cases may be irreversible. Another uncommon side-effect is Neuroleptic Malignant Syndrome, a treat-able but potentially fatal response of the muscles, liver, and heat regulatory system.

If any of the above symptoms occur, you should notify Medical Staff at sick call as soon as possible.

4. ___ Not taking this medication as prescribed by the physician's instruction may lead to a worsening of symptoms. However, some symptoms of psychosis and related disorders may get better or even go away without taking medication.

5. ___ Other treatment options include other medication with similar benefits. Other drugs may cause some of the same side effects you might experience with this medication. Other treatments may not include any medication, but may involve individual counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient understands the proposed treatment, and **is competent** to give consent.

Physician Signature _____

Based upon interview, assessment, and medical record review, it is my opinion that this patient **is not competent** to give consent.

Physician Signature _____

Other issues discussed:

The undersigned certifies that he/she has read the foregoing, or has had it explained in a language they understand, hereby consents to treatment and has no additional questions

Detainee Signature Alien Number _____
Date

Witness Signature _____
Date

Attending Psychiatrist or Physician _____
Date

I understand that I may stop taking this medication at any time by contacting the physician. However, I understand that discontinuing the medication abruptly is generally not advisable.