

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 clozapine (Clozaril), olanzapine (Zyprexa), quetiapine (Seroquel), or risperidone (Risperdal) 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 it's 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. These medications may be especially useful in the treatment of certain drug-induced movement disorders.

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, excessive salivation or dry mouth, blurred vision, constipation, drowsiness, dizziness, headache, and weight gain. These effects are frequently temporary or can be controlled with a change in dosage. Less common complaints include various movement disorders (tremors of hands, muscle spasms or twitching, shuffling gait), and decreased sex drive. A rare side effect may be the development of Tardive Dyskinesia, a possibly irreversible condition involving involuntary movement of the mouth, lips, tongue, or extremities. Most, but not all, cases will resolve by changing or stopping drug therapy.

Clozapine (Clozaril) has the potential to cause agranulocytosis. This is characterized by a sudden and extreme lowering of the white blood cell count which may lead to serious infections or even death. This occurs in less than 2% of all patients and is closely monitored with mandatory regular blood monitoring until the medicine is stopped. If it occurs, the side-effect is usually reversible by stopping the medicine.

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 may include other medication with similar benefits that may cause some of the same side effects you may experience with this medication. Other non-drug treatments 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