

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 lithium (Lithonate, Eskalith) 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
uncomfortable changes in mood, especially excitable, irritable, and restless moods, and the
accompanying symptoms of excessive energy, sleeplessness, racing ideas, overactivity, short
temper, and poor judgment, impulsivity, euphoria, depression and insomnia.

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

3. ___ Common side effects to this medication include, but are not limited to, dry mouth, hand
tremors, frequent urination, and mild thirst. Temporary and mild nausea may occur during the f
irst few days of treatment. These effects are frequently temporary or can be controlled with a
change in dosage. Occasionally, lithium may cause the thyroid gland to under-function,
producing a condition called hypothyroidism. If the reason for continuing lithium is strong, this
condition may be treated with an appropriate drug. There is some concern about long-term
effects of lithium on the kidney. However, it appears that if blood levels of the drug are kept
within normal limits, there is no reason to expect kidney damage in patients with normal kidney
function at the start. Frequent blood draws may be necessary when taking the medication. We
have reviewed the fact that if you have a condition such as kidney function impairment, it may
be preferable to use other medication.

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 bipolar disorder 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.

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, and 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.