

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 phenelzine (Nardil, or tranylcypromine (Parnate)) an antidepressant 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 depression and its associated symptoms including sadness, fatigue, hopelessness, sleeplessness, loss of appetite, loss of interests, loss of concentration, suicide, or self harm ideation. This medication may also be effective in treating other disorders, such as panic disorder, obsessive-compulsive disorders, and certain types of pain.

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, low blood pressure upon standing, insomnia, hyperactivity, agitation, sedation, headaches, sexual problems, dry mouth, swelling and weight gain. These effects are frequently temporary or can be controlled with a change in dosage. There can be a significant rise in blood pressure if this medicine is taken with certain other medications. You must make sure that any prescriber knows you are taking this medication before they recommend other drug treatments. Certain foods may react with this medicine causing extremely high blood pressure which could be life-threatening. You will be counseled by a dietary expert regarding the types of food that must be avoided. This include legumes, nuts, certain foods (aged cheeses and meats, sauerkraut) and fermented drinks.

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 depression and related disorders may get better or even go away without taking medication. Also, the risk of suicide may be increased by not taking this 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, 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.