

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 carbamazepine (Tegretol), valproate (Depakote, Depakene), a mood stabilizing anticonvulsant 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 various mood disorders and its associated symptoms including mood swings, excitability, irritability, impulsivity, euphoria, depression, pressured speech, poor judgement, anger, sleeplessness, excessive energy, and racing ideas. They are particularly helpful for rapidly fluctuating moods and associated symptoms. These medications have also been shown to be effective in the treatment of some 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, sedation, nausea, diarrhea, incoordination, and vision changes. Less common but potentially side-effects include elevation of liver enzymes and bone marrow suppression with a decrease in blood cell counts. There is a risk of serious infection or even death if should severe bone marrow suppression occur. To limit these risks, blood counts and blood levels will be monitored along with appropriate liver studies on an ongoing basis.

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 mood disorders may get better or even go away without taking medication.

5. ___ Other treatment options may 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.