

**Massachusetts Department of Mental Health**  
**CONSENT FORM FOR PSYCHIATRIC TREATMENT**

NAME:  
NAME:  
ADDRESS:  
BIRTHDATE: SEX:  
UNIT NUMBER:  
PRINT CLEARLY IN INK OR STAMP WITH PATIENT CARD

<b>Medication Education</b>	
<b>Medications Proposed/Prescribed</b>	
Include name of medication and reason for use.	
<b>Medication Education Provided</b> [Select all that apply]	<input type="checkbox"/> Dosage/route <input type="checkbox"/> Possible outcomes of tx <input type="checkbox"/> Alternative: risks
	<input type="checkbox"/> Duration of tx <input type="checkbox"/> Risks: including medication discontinued <input type="checkbox"/> Alternative: benefits
	<input type="checkbox"/> Desired outcomes of tx <input type="checkbox"/> Benefits: including medication discontinued
	<input type="checkbox"/> Other:
<b>Summary of Verbal Medication Education Provided</b> [enter text]	
<b>Written Information Offered to Patient</b> [Select one]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Offered-Pt refused
<b>Sources of Written Information Provided</b> [enter text]	
<b>Capacity Assessment</b>	
<b>Patient Given Lamb Warning</b> [Select one]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Patient is Able to Make and Express Choices</b> [Select one]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I Believe Patient is Capable of Consenting to Psychotropics</b> [Select one]	<input type="checkbox"/> Yes <input type="checkbox"/> No
If response is "no", address below.	
<b>Additional Comments</b> [enter text]	
<b>Substituted Judgment</b>	
<b>Need for Substituted Judgment Order</b> [Select one]	<input type="checkbox"/> Not applicable <input type="checkbox"/> Application pending <input type="checkbox"/> Has 8B
	<input type="checkbox"/> To be initiated <input type="checkbox"/> Has guardian of person <input type="checkbox"/> Has probate order
<b>Consent</b>	
<b>Consent</b> [Select one]	<input type="checkbox"/> Pt is capable to consent <input type="checkbox"/> Substituted Judgment in place
	<input type="checkbox"/> To be initiated <input type="checkbox"/> Substituted Judgment to be applied for

**Patient/Legally Authorized Representative:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Prescribing Clinician Signature:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_