

CONSENT FOR CHILD/ADOLESCENT BEING PRESCRIBED PSYCHOTROPIC MEDICATION

District Office: _____ Social Worker: _____

Name of Prescriber: _____ Title of Prescriber: _____

[Does DCF Policy 137 require a consultation before consent? Do I feel the need for a consultation?]

➤ I do ___ do not ___ consent to the administration of this medication protocol for this child for the next 180 days, beginning on _____ and ending on _____.

Signature of Social Worker

Date

Directions:

- A. Social Worker (SW) reads and/or completes his/her sections:
 - 1 a-f
 - 2 a, b, d, e
 - 4 a-f
 - 5 a-d
- B. SW sends form to Prescriber and schedules time for phone discussion.
- C. Prescriber fill in his/her sections:
 - 2 c
 - 3 a-e and i
 - 5 e
 - 6 a
- D. SW and Prescriber complete the following sections together during phone discussion:
 - 2 c if different than dose guidelines
 - 3 f-h
 - 4 e-f
 - 6 a; b at 6-month follow-up
- E. SW determines if DCF policy requires consultation or if SW feels the need for a consultation.
- F. SW makes decision to authorize or not; signs and files form in child's case file.

1. Child <i>(SW fills in a-f before sending to Prescriber.)</i>	a. Name:
	b. Date of Birth: _____ Age: _____
	c. Height:
	d. Weight:
	e. Family medical history? ___ diabetes ___ high blood pressure ___ high cholesterol ___ heart disease ___ thyroid problems ___ other (specify)
	f. Medications currently on (include vitamins, herbal supplements):

<p>2. Medication</p> <p><i>(SW reads a-e in Mina Dulcan book and discusses c with Prescriber if different.)</i></p>	<p>a. <i>Generic name:</i></p> <p>b. <i>Product name:</i></p> <p>c. <i>Suggested dose level:</i></p> <p>d. <i>How does this medication work?</i></p> <p>e. <i>Common reasons for prescribing this medication:</i></p>
<p>3. Efficacy</p> <p><i>(Prescriber fills out a-e and i.</i></p> <p><i>SW and Prescriber fill out f-h together.)</i></p>	<p>a. <i>Which symptoms of this child are the target for this prescription?</i></p> <p>b. <i>What do you expect it to do for this child?</i></p> <p>c. <i>How long will it typically take to see change?</i></p> <p>d. <i>What is the probability of improvement with this child?</i></p> <p>e. <i>Is it important to use a specific brand of the medication for this child?</i></p> <p>f. What psychosocial therapies do you recommend concurrently or sequentially to reduce target symptoms?</p> <p>g. <i>Have these psychosocial therapies been tried with this child without this medication? For how long? Results? If not, why not?</i></p> <p>h. <i>What other treatments are available to address the child's condition? How likely are they are to help?</i></p> <p>i. <i>What is likely to happen if no treatment and/or no medication is provided?</i></p>
<p>4. Risks</p> <p><i>(SW reads answers to a-d in Mina Dulcan book and schedules time with Prescriber to</i></p>	<p>a. <i>What serious side effects are possible?</i></p> <p>b. <i>What other, usually not serious, side effects are possible?</i></p> <p>c. <i>Is there any way to minimize the chances of experiencing these side effects?</i></p>

<p><i>discuss e-f.</i></p> <p><i>SW informs Prescriber ASAP if client becomes pregnant.</i></p>	<p>d. <i>Does this medication cause any reactions when taken with other medications?</i></p> <p>e. <i>What are the risks if the youth uses alcohol or other substances?</i></p> <p>f. <i>What are the risks if the young woman becomes pregnant?</i></p>
<p>5. Instructions</p> <p><i>(SW reads answers to a, b, and d in Mina Dulcan book.</i></p> <p><i>SW schedules time to discuss c and e with Prescriber on phone.)</i></p>	<p>a. <i>How is this medication taken?</i></p> <p>b. <i>Are there any food or lifestyle suggestions or restrictions?</i></p> <p>c. <i>If a dose is late or missed, what should be done?</i></p> <p>d. <i>What could happen if this medication is stopped suddenly?</i></p> <p>e. <i>What needs to occur for you to consider starting a process to taper off?</i></p>
<p>6. Monitoring</p> <p><i>(SW discusses a with Prescriber in scheduled phone call and b at 6-month follow up.)</i></p>	<p>a. <i>How will the use of the medication be monitored with this child?</i></p> <p>Policy recommendations are:</p> <ul style="list-style-type: none"> i. personal and family history at baseline and annually ii. waist circumference at baseline and annually iii. weight and BMI at baseline, every 4 weeks up to 12 weeks, and then quarterly iv. blood pressure at baseline, twelve weeks, and then annually v. fasting plasma glucose at baseline, 12 weeks, and annually vi. fasting lipid profile at baseline, 12 weeks, and annually <p>b. <i>At follow-up:</i></p> <ul style="list-style-type: none"> i. <i>When were these tests done?</i> ii. <i>Any undesirable or abnormal results?</i>