

## **INFORMED CONSENT FOR PRESCRIBING PSYCHIATRIC MEDICATION TO A MINOR**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Medication Class: \_\_\_\_\_

Prescribed Dose: \_\_\_\_\_

Prescribing Provider: \_\_\_\_\_

### **PURPOSE OF MEDICATION**

I acknowledge that the prescribing provider has explained the intended purpose of this psychiatric medication, including the specific symptoms it is intended to address. I understand that psychiatric medications do not cure underlying causes and may not address root biological, nutritional, environmental, or psychosocial contributors.

Initials: \_\_\_\_\_

### **FDA BLACK BOX WARNINGS (EACH MUST BE REVIEWED AND INITIALED)**

1. Increased risk of suicidal thoughts and behaviors in children, adolescents, and young adults, particularly during the first weeks of treatment or during dose changes. Initials: \_\_\_\_\_

2. Risk of clinical worsening, including increased depression, anxiety, agitation, panic attacks, irritability, hostility, impulsivity, or unusual changes in behavior. Initials: \_\_\_\_\_

3. Risk of akathisia (inner restlessness), which may increase impulsivity and suicidal behavior. Initials: \_\_\_\_\_

4. Risk of emotional blunting or personality changes, including reduced emotional responsiveness or affective flattening. Initials: \_\_\_\_\_

5. Risk of serotonin syndrome, a potentially life-threatening condition, especially when combined with other serotonergic substances. Initials: \_\_\_\_\_

6. Risk of behavioral disinhibition or mania, particularly in individuals with undiagnosed bipolar spectrum conditions. Initials: \_\_\_\_\_

7. Risk of withdrawal symptoms upon dose reduction or discontinuation, including anxiety, agitation, insomnia, nausea, dizziness, and mood instability. Initials: \_\_\_\_\_

#### ADDITIONAL SERIOUS RISKS AND UNCERTAINTIES

- Long-term effects of psychiatric medications on the developing brain are not fully known. Initials: \_\_\_\_\_

- Psychiatric medications may cause paradoxical reactions, including worsening of symptoms. Initials: \_\_\_\_\_

- There is limited high-quality long-term pediatric research supporting safety and efficacy in children. Initials: \_\_\_\_\_

- Medication response may vary based on genetic, metabolic, and biological factors not routinely tested. Initials: \_\_\_\_\_

#### ALTERNATIVES TO MEDICATION

Alternatives discussed may include psychotherapy, nutritional evaluation, sleep and lifestyle interventions, trauma-informed care, environmental supports, or watchful waiting.

Initials: \_\_\_\_\_

#### PHARMACOGENOMIC & BIOLOGICAL CONSIDERATIONS

Pharmacogenomic testing offered:  Yes  No

Nutrient or metabolic screening discussed:  Yes  No

Medical rule-outs completed:  Yes  No

Initials: \_\_\_\_\_

#### PARENT / GUARDIAN CONSENT

I affirm that I understand the risks, benefits, and alternatives, and that no dose changes may occur without my informed consent.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Parent/Guardian Name (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PRESCRIBING PROVIDER ATTESTATION

I attest that all FDA Black Box warnings, risks, benefits, and alternatives were explained and that informed consent was obtained prior to prescribing.

Prescribing Provider Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_