



Understanding Informed Consent Before Starting a Psychiatric Medication

Here's One Way to Work Through It.

You do not owe anyone a rushed yes. You can take this worksheet home, think, ask questions, and come back when you are ready.

It's your mind.

Your body.

Your decision.

1. What Are You Being Asked to Take?

Name of medication: _____

Why your doctor recommends it: _____

(Use the doctor's actual words, not the diagnosis.)

2. What Symptom Is This Meant to Help?

Psych meds treat symptoms, not illnesses.

The main symptom I want help with is:

☐ Sleep

☐ Anxiety

☐ Panic

☐ Low mood

☐ Focus

☐ Something else: _____

What would "improvement" look like for me?

3. Benefits: What Could This Medication Actually Do for Me?

Ask: "What are the chances the medication will actually improve this symptom? How is this improvement measured?"

Expected benefit: _____

How long until I'd know if it helps? _____

4. Risks: What Are the Most Common Side Effects?

(Use this list to make your doctor be specific.)

- ☐ Emotional blunting, feeling numb, feeling less motivated - will this affect my relationships? My performance at school/work?
- ☐ Weight changes - most likely weight gain - how difficult is it to lose the weight after stopping treatment? Is there anything I can do while on the treatment to curb the weight gain?
- ☐ Sleep problems - insomnia, daytime sleepiness, morning hangover, nightmares, restless legs
- ☐ Sexual side effects including the risk of permanent sexual dysfunction (PSSD)
- ☐ Fatigue, brain fog, feeling “like a zombie”
- ☐ Agitation, uncontrollable movements, pacing, irritable mood
- ☐ Something else: _____

Which of these would be deal-breakers for me?

5. If I Get a Side Effect, What Happens Next?

Ask the doctor directly:

- ☐ Will we stop the medication? Do I need a taper?
- ☐ Will you lower the dose?
- ☐ Will you add another medication?
- ☐ How often will you follow up with me?

My plan if I get a side effect: _____

6. Alternatives: What Else Could I Try First?

- ☐ Therapy - what type? _____
- ☐ Sleep changes: _____
- ☐ Diet or lifestyle - list examples: _____
- ☐ Time + support - let’s set a time to monitor for improvement before making any changes: _____
- ☐ Another non-drug approach: _____
- ☐ Different type of medication: _____
- ☐ Something else: _____

Risks and benefits of these alternatives: _____

7. How Hard Is This Medication to Stop?

Many psychiatric medications require slow, careful tapering.

Ask your doctor:

- ☐ Does this medication have withdrawal symptoms?
- ☐ What percentage of people experience them?
- ☐ If I want to stop, how long would a taper take? Is there a chance I would have to stay on this forever?
- ☐ Will you support a slow taper?

Notes on stopping: _____

8. Do I Feel Comfortable With This Decision?

This is the most important part. Take your time. Check in with yourself.

How I feel about starting this medication:

- ☐ Ready
- ☐ Unsure
- ☐ Need more time
- ☐ Want to explore alternatives first

My concerns: _____

My next step:

9. What True Informed Consent Should Include

Use this as a checklist. Your doctor should cover ALL of these:

- ☐ What the treatment is
- ☐ What it's meant to do
- ☐ The benefits
- ☐ The risks
- ☐ The common side effects
- ☐ The alternatives
- ☐ The risks/benefits of those alternatives
- ☐ How easy or hard it is to stop
- ☐ A check that you understood

If anything is missing, **you have not received full informed consent.**