meditrax™
Medication Management Specialists

# PSYCHOTROPIC MEDICATION CONSENT FORM

This form documents the consent of the consumer or their person responsible for the use of psychotropic medication(s) in the management of behaviour associated with dementia.

It is intended to be used in conjunction with the Medical Practitioner's documentation of the diagnosis and ongoing regular review of use of the medication (eg in medical progress notes or Psychotropic Management Form), and where the facility requests the consent to be confirmed in writing.

Consumer Name: _____ DOB: _____

I, _____, consumer/person responsible (circle valid title), consent to the use of the following medication(s) based on the following:

- the reasons for use, potential risks and benefits, and other non-medication strategies in place as part of a behaviour management plan, have been explained to me;

-I understand the medication is prescribed in the interests of the consumer and/or for the protection of other consumers or staff members, and has been determined to be necessary due to the lack of success with non-medication strategies alone;

-I understand the medical practitioner may alter the dosage within recommended dosing guidelines to achieve the lowest effective dose, and that the effects will be monitored;

- I understand the requirement to continue the medication will be regularly reviewed by the Medical Practitioner.

| Medication | Signature of Consumer or Person responsible (named above) | Date signed | Date medication ceased (RN to enter) |
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