

Informed Consent for Medicine

I have the right to refuse medicine, and it cannot be given to me until I talk with my doctor and I say I am OK with taking the medicine.

My Doctor and I talked about:

- My diagnosis
- The reason my doctor wants me to take the medicine, and the chance of me getting better - or not getting better - without the medicine.
- The fact that I can say NO to the medicine at any time, but I must tell my doctor.
- Any other ways to treat my problems.
- The medicine that I will be taking - the dose, when and how I will take it, and about how long I will need to take it.
- The side effects for the medicine and any that might be likely in my case -
Some medicines may start to hurt my body after I begin taking them, so I may need to have lab tests to make sure I am safe with these medicines. My doctor will talk with me about this if I am taking one of these medicines.

I will talk with my doctor about all my medical problems and any medicine that I am already taking.

Medicine prescribed today by my doctor:

Medicine Name	Dose	When	How

<input type="checkbox"/>	I refuse medicine at this time.
<input type="checkbox"/>	I consent to the medicine and will take as the doctor says.

Signatures:

Member:	Date:
Guardian:	Date:
Prescribing Provider:	Date: