Informed Consent

All psychiatric medications have the potential to cause significant side effects. Common side effects of my own medications have been explained to me and I have had the opportunity to ask questions about the risks and benefits of the medications prescribed, specifically for neuroleptic medications. I am aware of the potential long-term, permanent injury called TARDIVE DYSKINESIA (involuntary movement of tongue/mouth).

If I am prescribed the medication Risperidone (Risperdal) I am aware I can potentially develop GYNECOMASTIA (an enlargement of breast tissue and possible milk production).

It is not possible to review all medication side effects on this sheet; however, you are strongly encouraged to ask your doctor questions about your medications.

Patient Signature______________________________ Date________________