

PM FORM 3.15.3

**Informed Consent for Children Under Five Years Old
Psychotropic Medication Treatment (NARBHA Suggested Format)**

I have discussed the following information with my behavioral health medical practitioner (BHMP) for each medication listed below:

- The diagnosis and target symptoms for the medication recommended;
- The possible benefits/intended outcome of treatment, and as applicable, all available procedures involved in the proposed treatment;
- The possible risks and side effects;
- The possible alternatives;
- The possible results of not taking the recommended medication;
- The possibility that my medication dose may need to be adjusted over time, in consultation with my BHMP;
- My right to actively participate in my treatment by discussing medication concerns or questions with my BHMP; and
- My right to withdraw voluntary consent for medication at any time (unless the use of medications in my treatment is required in a Court Order or in a Special Treatment Plan).
- I understand a **medication taper trial or consideration of taper is required every 6-8 months** until age 5. A Child Psychiatrist (CAP) will be consulted by my child’s provider if needed.
- I understand that the only behavior medication that has been **FDA approved** for children less than 5 years old, and which is also recommended by DBHS, is dextroamphetamine (Dexedrine). However, other medications may still be considered a **“best practice” or an accepted treatment**.

I understand the medication information that has been provided to me. By signing below I agree to the use of this medication.

For Parent/Guardian:				
Medication & Starting Dose	Target Symptoms to be addressed*	How Discussed**	Level of Evidence for Medication Choice	PCP Coordination
		<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Tele-Med <input type="checkbox"/> Previously	<input type="checkbox"/> Per DBHS Psychiatric Best Practice Guidelines <input type="checkbox"/> Other:	<input type="checkbox"/> Yes - Mail <input type="checkbox"/> Yes - Fax <input type="checkbox"/> Yes - Verbal
Rationale for Medication Choice: <input type="checkbox"/> parent/guardian preference <input type="checkbox"/> best or evidence-based practice <input type="checkbox"/> prior good response <input type="checkbox"/> diagnosis change <input type="checkbox"/> lack of full response <input type="checkbox"/> side effects <input type="checkbox"/> adverse effects <input type="checkbox"/> Other:				
Targeted Outcome (such as able to attend preschool, less tantrums, etc.):				

My child turns 5 years old on: _____ (birthdate/5th year).

Parent/Guardian Printed Name

Signature

Date

For Non-Child Psychiatric BHMPs:	Child Psychiatrist Name & Review Date
Case was reviewed with Child Psychiatrist (CAP) prior to medication trial.	
Complete over-the-counter/medical/herbal/supplement/oxygen list was reviewed with CAP.	
Monitoring plan as recommended by CAP: Frequency of Contact: <input type="checkbox"/> each week <input type="checkbox"/> every 2 weeks <input type="checkbox"/> monthly <input type="checkbox"/> Other: <input type="checkbox"/> Labs <input type="checkbox"/> EKG <input type="checkbox"/> Referral to PCP <input type="checkbox"/> If lack of progress: q 3 months case review <input type="checkbox"/> Taper review q 6-8 months <input type="checkbox"/> Other:	

Behavioral Health Medical Practitioner Printed Name

Signature

Date

* Target Symptoms refer to specific symptoms associated with a diagnosis, such as tearfulness, hallucinations, insomnia. List the target symptoms rather than the underlying diagnosis.

** “Previously” indicates the medication had been discussed in a previous setting or by another prescriber (hospital, another clinic, etc.) and you are verifying that the person continues to consent to treatment with this medication.

*** Ensure informed consent form with original patient signature is located in patient’s file. If consent obtained by telephone or through tele-medicine, individual may initial and date at next face-to-face visit.

Child Name: _____

Child ID#: _____