MARK W. WILSON, MD
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Informed Consent for Medications

Client Name:_____ Date:___/_____/19

Medication(s)	**Current Recommended Dose Range**	**Purpose/Target Symptoms**

- I have been informed of the purpose(s) and target symptom(s) for medication(s) above
- I have been instructed on the possible risks and side effects, and what to do if they occur
- I have received written information on this medication, which outlines the potential risks, benefits, and side effects
- I have been directed to https://sites.google.com/site/markwilsonmd/Home for further information
- I am aware that I may contact Dr. Wilson for any questions or concerns that I may have about this medication. Please call (917) 441-2344 for routine questions, concerns, and updates. Please call (347) 741-8521 for emergent/urgent questions, concerns, and needs; also, call 911 or go to your nearest emergency room in an emergency
- I have been informed of the potential risks, benefits, and side effects of alternative medications and treatment modalities
- I have been informed of the potential risks, benefits, "side effects" of no treatment
- I have been informed of the approximate length of treatment
- I am aware of the instructions for administration and the review process for changes to current dose and schedule
- I have been informed that clients being treated with antidepressants should be observed closely for clinical worsening, which may include suicidal thinking, particularly at the beginning of medication therapy or at the time of dose changes, either increases or decreases

Adult Client's Signature: X_____ Date:___/_____/19
Adult Client's Name: _____

Parent/Guardian of Youth Client: I give my consent for the administration of medication(s) in the treatment of my child. I understand that my child has had a face-to-face meeting with the psychiatrist to discuss this medication.

Parent/Guardian's Signature: X_____ Date:___/_____/19
Parent/Guardian's Name: _____
Child Client's Name: _____

Witness' Signature: X_____ Date:___/_____/19
Mark W. Wilson, MD