



MEDICATION MANAGEMENT CONSENT FORM

Patient Name _____

DOB _____

You are being asked to read and sign this consent form because your provider might be recommending psychiatric medications as part of your treatment plan. These medications are intended to help manage symptoms of mental health conditions.

Provider Responsibilities

Your psychiatric provider will evaluate the need for medication based on your symptoms and history; explain the risks, benefits, and alternatives to medication; prescribe medications as appropriate; monitor your response to treatment through regular follow-ups; and adjust medications based on your progress and any side effects

Patient Responsibilities

I will take medications exactly as prescribed. I will not increase, decrease, or stop medications without consulting my provider. I understand that medication management requires regular follow-up visits. Missing appointments may result in a delay or denial of refills. I will report any side effects or concerns about the medication to my provider promptly. I will inform my provider about: any other medications, supplements, or substances I am taking; any history of substance use or misuse; any known allergies or past adverse reactions to medications; and if I become pregnant, am planning pregnancy, or am breastfeeding. I understand that refill requests may take up to 48–72 hours to process and may not be granted if I have not attended follow-up appointments.

Controlled Substances

If I am prescribed medications classified as controlled substances (e.g., stimulants or benzodiazepines), I may be asked to sign a separate Controlled Substance Agreement and comply with its requirements.

Risks and Benefits

Psychiatric medications can be effective in reducing symptoms and improving daily functioning. However, all medications carry some risk – please read the package insert of all prescribed medications from the pharmacy.

Signature _____

Date _____

Please call (919) 883-1583 if you have questions regarding this policy document. For questions regarding your bill, please e-mail billing@twhasg.com.