

County of San Luis Obispo Behavioral Health Department

INFORMED CONSENT FOR INJECTION THERAPY

The purpose of this informed consent form is to provide written documentation that a discussion transpired between you and your prescriber and his/her designated licensed medical staff regarding risks, benefits and alternatives to the Injection Therapy so that you can make an educated decision as to whether you will accept this injection.

Your attending doctor/nurse practitioner has recommended that you be treated with the following injectable medication(s):

- Sublocade
- Vivitrol
- Invega Sustenna
- Invega Trinza
- Abilify Maintena
- Risperdal Consta
- Perser
- Other:

Your doctor/nurse practitioner and his/her designated licensed medical staff has discussed the following information with me:

1. All injection treatments are accompanied by possible risks
2. In almost all cases, injection therapy is considered safe, minimally invasive with minimal risk of complications.
3. All injection treatments have the possibility of experiencing any of the following:
 - * Discomfort
 - * Bruising, redness, swelling or irritation on the injection site
 - * Temporary pain or numbness around the injection site
 - * Inflammation, infection, allergic reaction, weakness or paralysis
 - * Dizziness, lightheadedness feeling, fainting may also occur during or after the injection
 - * Bleeding, blisters, skin rash
 - * Area may feel hard
 - * Injury to nerves, muscles or blood vessels at or around the injection site
 - * Fainting or loss of consciousness during the procedure
 - * Rarely, an allergic reaction

You have also been made aware that other unforeseeable complications may occur but you do not expect the doctor/nurse practitioner and his/her designated licensed medical staff to be able to anticipate and/or explain all risks and possible complications.

You rely on your doctor/nurse practitioner and his/her designated licensed medical staff to exercise good judgment during the course of treatment with regards to receiving this injection.

ATTESTATION:

I have read or have been read to me the above consent. My doctor/nurse practitioner and/or his/her designated licensed medical staff has adequately explained the procedure to me so that I fully understand it. No guarantee of successful injection procedure has been implied.

I understand that I have the right to consent to refuse this injection prior to its administration or retract my consent at any given time during my treatment.

I understand that I am entitled to a copy of this consent form upon request.

I acknowledge that I have been given the opportunity to discuss the nature and purpose of the treatment, alternate methods of treatment; and the risks, complications and consequences associated with the administration of the injection.

I further acknowledge that any questions I have regarding the procedure have been answered to my satisfaction and that I have been further told that any additional questions I may have would be answered. My signature on this form affirms that I give permission for my doctor/nurse practitioner and his/her designated licensed medical staff to give the injection as he/she feels it is needed and I have given consent to receive this injection.

Name:	<input type="text"/>	Case#:	<input type="text"/>	Page	3 of 3
Type:	BH Consent Injection Therapy		Date:	<input type="text"/>	

Signatures

Signature	Signature Line Heading	Printed Name	Date
	Client		
	Parent/Legally Resp. Person		
	Staff		