

Consent for Medication Management in Mental Health

I, the undersigned, hereby give my consent for the prescribing and management of medications as part of my mental health treatment. I acknowledge that I have been informed about the nature, purpose, risks, and benefits of the medication(s) recommended to me.

- I understand the possible side effects and alternatives.
- I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.
- I understand that I may withdraw my consent at any time.

Full Name:

Date:

Signature: