

Changes to the CHIP medication module effective Friday, February 17, 2012

Below are the changes along with descriptions.

1. The **Send Medication Change Notification Letter to PCP** checkbox will be removed.

Send Medication Change Notification Letter to PCP

SAVE

PREVIEW

CANCEL

2. The GCCMH medication consent form will no longer be used. Instead we will use **the standard medication module consent form**. All historical signed consents will still be available in CHIP.

Please see below for an image of the new consent form.

CONSENT FOR THE USE OF MEDICATION

Name: Fake Doe

Case Number: 11

It has been explained to me that I have a psychiatric illness. To treat my illness, the doctor recommends initiation or continued treatment with:

Table with 3 columns: Medication, Class, Dosage Range mg/day. Rows include Abilify, Akineton, Aricept, Cymbalta, haloperidol decanoate 100 mg / 1ml, hydroxyzine.

I and/or Guardian was provided with both a verbal explanation and a written summary of the benefits, specific risks, and most common adverse effects associated with the prescribed medication.

While medications of this type have been used successfully in the treatment of others with symptoms similar to mine, I understand that no guarantee can be made that any of these agents will be effective in the treatment of my particular symptoms.

Also, I will inform my doctor if I have a change in my physical health status.

Female Consumers only: [] I am pregnant [] I am not pregnant (Also, I will inform my doctor if I am pregnant or plan to become pregnant to avoid any ill effects to my unborn child.)

I voluntarily consent to take this medication. I also understand I have the right to withdraw my consent and stop taking the medication at anytime. By signing I acknowledge that I have received a copy of this form for my personal reference.

Special Remarks (Other known physical and/or medical issues related to the medication(s) prescribed above)

Blank lines for special remarks.

Consumer Date 10/20/2011 Dr. Kenneth Beroza M.D. Date

[] Parent [] Guardian Date Witness Signature Date

3. When adding, changing or renewing a medication the supply start date will default to the current date.

Supply Start Date

02/10/2012

Use Current Date