**Medication Education**

**Medications Proposed/Prescribed**
Include name of medication and reason for use.

<table>
<thead>
<tr>
<th>Selection</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Dosage/route</td>
</tr>
<tr>
<td>□</td>
<td>Possible outcomes of tx</td>
</tr>
<tr>
<td>□</td>
<td>Alternative: risks</td>
</tr>
<tr>
<td>□</td>
<td>Duration of tx</td>
</tr>
<tr>
<td>□</td>
<td>Risks: including medication discontinued</td>
</tr>
<tr>
<td>□</td>
<td>Alternative: benefits</td>
</tr>
<tr>
<td>□</td>
<td>Desired outcomes of tx</td>
</tr>
<tr>
<td>□</td>
<td>Benefits: including medication discontinued</td>
</tr>
<tr>
<td>□</td>
<td>Other:</td>
</tr>
</tbody>
</table>

**Summary of Verbal Medication Education Provided**

[Enter text]

**Written Information Offered to Patient**

[Select one]

- Yes
- No
- Offered-Pt refused

**Sources of Written Information Provided**

[Enter text]

**Capacity Assessment**

**Patient Given Lamb Warning**

[Select one]

- Yes
- No

**Patient is Able to Make and Express Choices**

[Select one]

- Yes
- No

**I Believe Patient is Capable of Consenting to Psychotropics**

[Select one]

- Yes
- No

If response is “no”, address below.

**Additional Comments**

[Enter text]

**Substituted Judgment**

**Need for Substituted Judgment Order**

[Select one]

- Not applicable
- Application pending
- Has 8B
- To be initiated
- Has guardian of person
- Has probate order

**Consent**

[Select one]

- Pt is capable to consent
- Substituted Judgment in place
- To be initiated
- Substituted Judgment to be applied for

**Patient/Legally Authorized Representative:**

Print Name: ________________________ Date: ____________

**Prescribing Clinician Signature:**

Print Name: ________________________ Date: ____________