

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

### INFORMED CONSENT FOR TREATMENT

I \_\_\_\_\_, agree and consent to participate in behavioral health care services offered and provided by an independent provider at **Quality Behavioral Health, Management Services, Inc.**, a behavioral health medical managing company. I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within (1) the scope of the provider's license, certification, and training; or (2) the scope of license, certification, and training of the behavioral health care providers directly supervising the services received by the patient. If the patient is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient (if applicable): \_\_\_\_\_

### MEDICATION CONSENT FORM

The physicians and nurse practitioners at **Quality Behavioral Health, Management Service Inc.** have educated me regarding the medication that has been prescribed to me, or \_\_\_\_\_ a person for whom I am the legal guardian and I consent to the administration of this medication. I have been educated regarding the possible side effects of this medication, possible drug and/or food interactions that may occur while taking this medication and the possible effects of this medication if the person taking this medication becomes pregnant. I have also been informed of the reason or purpose for which this medication was prescribed. Certain insurances may only allow **GENERIC MEDICATION** even if there is a safer or more effective medication available. The doctor will advise you of the best options available to you with regard to your insurance and financial obligation.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

It is recommended that women who are or may become pregnant, or are breastfeeding, discuss this with their doctor **before** taking **any** medication.

It is recommended that patients be educated on reporting all side effects they experience, including, but not limited to, which side effects to report immediately to a health care provider.

It is recommended that any provider prescribing medications obtain a thorough patient history that should include (but may not be limited to):

1. what medications, including prescribed and over-the-counter medications the patient is or has been taking,
2. what food and drug allergies the patient has,
3. what medical conditions the patient has.