

**ORLANDO PSYCHIATRIC ASSOCIATES INC.**

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**CONSENT FOR PSYCHOTROPICS**

I, \_\_\_\_\_, a patient of Dr. Bhaskar N. Raju, Dr. Raju informed me of the nature of the treatment and has explained to me the risks and benefits of the medication. I understand that although Dr. Raju has explained to me the most common side effects (including antidepressants' FDA black box warnings for children only) of this treatment. I should promptly inform Dr. Raju or another member of the staff if there are any unexpected changes in my condition. \_\_\_\_\_

On this basis I'm giving consent to take these medications.

- Antidepressants:** (Fluoxetin, Cymbalta, Zoloft, Celexa, Lexapro, Wellbutrin, Effexor, Trazodone, Paxil, Tricyclics)
- Anxiolytics:** (Benzodiazepines, Buspar, Hydroxyzine)
- Mood Stabilizers:** (Depakote, Lithium, Lamictal, Trileptal, Topamax)
- Typical Anti psychotics:** (Haldol, Prolixine, Thorazine, Chlorpromazine)
- Atypical Anti psychotics:** (Risperdal, Geodon, Zyprexa, Abilify, Seroquel, Clozaril, Invega)
- Stimulants:** (Adderall, Concerta, Daytrana, Ritalin, Dexedrine, Metadate, Methylin, Vyvanse)
- Others:** (Strattera, Cogentin, Clonidine)

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Patient Name/Guardian Name	Patient/Guardian Signature	Witness Signature	Date
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