



Serving Southwest Iowa
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Medication Consent Form- Guideline

_____ (Prescribing Provider or Representative) has educated me regarding the medication that has been prescribed for me. I have been educated regarding the possible side effects of this medication, possible drug and/or food interactions that could occur, and the possible effects of this medication if the person taking it becomes pregnant. I have also been informed of the reason this medication has been prescribed.

If the person for whom the medication has been prescribed is under the age of eighteen (18) or is 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 am legally authorized to initiate and consent to treatment on behalf of this person.

Client Name: _____

Client/Guardian/Legal Representative Signature: _____

Provider Signature: _____

Date: _____

- It is recommended that women who are or may become pregnant, or are breastfeeding, discuss this with their doctor ~~before taking any m~~ medication.
- It is recommended that clients 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 medication obtain a thorough client history, including but not limited to:
 - what medication, included prescribed and over-the-counter medications, the client is or has been taking,
 - what food and/or drug allergies the client has,
 - what medical conditions the client has.