

Shermeil Dass, MD

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www.drsdass.com | office@drsdass.com

~ General and Child Psychiatrist ~

Consent for Psychiatric Treatment

***Please print clearly, fill out form completely and bring to you or your child's initial visit.**

The undersigned hereby authorizes Shermeil Dass, M.D. to engage in my or my child's treatment.

Psychiatric assessment and evidence-based treatment includes a variety of methods aimed at two objectives:

- 1) Reducing or eliminating disturbing symptoms; and
- 2) Helping patients achieve greater psychological comfort, improve behavioral functioning and/or self control, and achieve better adjustment to life circumstances. Treatment generally consists of therapy and/or prescription of medications, psycho-education, and modification of health-related behaviors.

If you or your child is receiving therapy, I do not supervise the therapist who may be providing you or your child non-medication treatment. Usually the therapist is independent and a licensed practitioner.

** Please note the purpose of the evaluation is not meant to be used for any type of court or forensic evaluation, nor is it meant to be a substitute for a disability determination.*

No patients will be required to take medication and patients always have the right to either refuse and/or request to be taken off of any medication at any time.

If Dr. Dass receives your consent to prescribe a medication to you or your child, it is intended to be taken *exactly* as prescribed. You should not change the amount or frequency of the medication without consulting first with Dr. Dass. It is also important to consult with Dr. Dass prior to stopping any medication that she has prescribed and to follow through on any lab work that is requested.

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In addition, because some medications may interact negatively with other drugs (e.g. other prescribed medications, herbs, over-the-counter substances, illegal drugs, etc.) you must inform Dr. Dass about any of these that you may take. Many of the medications Dr. Dass may use have not been well-studied or approved by the FDA for use in children or adolescents and are often used “off-label”, according to FDA guidelines. Some of the medications Dr. Dass may use may be severely harmful and cause fetal malformations in pregnant women.

**Please notify Dr. Dass if you think you are pregnant or considering getting pregnant.*

By signing below you are giving consent for treatment for yourself or your child.

Parent/Guardian #1: _____
(Print Name)

Signature: _____ Date: _____

Parent/Guardian #2: _____
(Print Name)

Signature: _____ Date: _____

Patient/Child (If 12 years old or over): _____
(Print Name)

Signature: _____ Date: _____

*This consent to release medical information may be revoked by me in writing at any time.