

Logo

DECLINATION OF MEDICAL CARE

I _____, DOB _____ acknowledge and accept the risks of declining to complete blood draws while taking antipsychotic and mood stabilizing medications. I understand that not checking for **lithium** levels could potentially result in **lithium toxicity, kidney damage/disease, diabetes insipidus, and other potentially detrimental physical ailments such as thyroid disease.** Without checking blood work, I understand there is no way to evaluate any metabolic changes potentially caused by the medication. I accept the risk that my medications can cause side effects, or have long-term physical effects including many not listed here today.

I understand and accept the potential medical risks associated with not completing my blood work and opt to decline monitoring of side effects through blood draws.

_____ (printed name)

_____ (signed name) _____ (date)

_____ (prescriber name) _____ (date)