MH 730
REVISED 7/31/26

Los Angeles County Department of Mental Health
Medication Consent

Current Medications

Current Medications Prescribed / Discussed:

Informed Consent & Acknowledgements

Please review and check all applicable acknowledgments below:

☐ **Reasons for Medication:** The reasons for taking the medications, including the likelihood of improving or not improving without such medications, were discussed with the client/legal representative and are documented in the Clinical Record.

☐ **Dosage, Frequency & Administration:** The dosage, frequency, method of administration, and duration of the medication(s) have been discussed with the client/legal representative. Any changes during treatment will be discussed with the client/legal representative.

☐ **Treatment Alternatives**: Reasonable alternatives, if any, were discussed with the client/legal representative.

☐ **Side Effects & Tardive Dyskinesia Notice:** The client/legal representative has been informed of possible side effects including those that may be present after 3 months and, if applicable, notified that with some anti-psychotics there is a possible side effect of tardive dyskinesia (involuntary movement of the tongue, face, neck, limbs, or torso which may persist after stopping medication).

☐ **Written Notification Offered:** Written notification (e.g., Order Connect leaflet) regarding the medication(s) and its side effects was offered to the client/legal representative.

☐ **Client Responsibilities & Reporting Changes**: The client/legal representative was notified to promptly inform the treating provider about condition changes (e.g., dizziness, severe sedation, rash), pregnancy, decisions to discontinue medication, or any new prescribed/over-the-counter medications.

☐ **Voluntary Consent & Withdrawal:** The client/legal representative has been informed that they may withdraw consent at any time.

Special Populations / Other Comments

If applicable, indicate if the JV 220 was completed and entered in the Clinical Record:

☐ Completed in Clinical Record JV-223 Order Date: _____

Name: _____ **ID#:** _____

Agency: _____ **Provider #:** _____

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Other Medication Consent Comments:		
Acknowledgements and Signatures		
Information provided in: _____ (Language)		
Signature of Client / Legal Representative*:	Printed Name:	Date:
Signature of MD/NP:	Printed Name & License #:	Date:
Verbal Consent / Form Copy Status: * Client/Legal Rep unable to sign, but provided verbal consent: ☐ Yes ☐ No * Copy of this form was offered to the client/legal representative: ☐ Yes ☐ No		

Name: _____ ID#: _____

Agency: _____ Provider #: _____

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