

## PSYCHOTROPIC MEDICATION INFORMED CONSENT

Michigan Department of Human Services

Section A – Youth Identifying/Demographic Information (Information may be completed by worker, agency staff, medical staff, etc.)						
Identifying Information: Please Print						
Child/Youth name:				Date of birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Assigned Caseworker:		DHS or AGENCY and DHS Local Office or Agency Address:			Telephone:	
Legal Status: <input type="checkbox"/> Temporary Ward Court <input type="checkbox"/> State Ward <input type="checkbox"/> Permanent Ward Court		Current Placement: <input type="checkbox"/> CCI (residential) <input type="checkbox"/> Hospital <input type="checkbox"/> Other: <input type="checkbox"/> Own Home <input type="checkbox"/> Relative <input type="checkbox"/> Foster Home			Date of Current Placement:	
Birth Parent/Legal Guardian (Temporary Court Ward):		Address:			Telephone:	
<p><b>Existing DHS-1643 Informed Consent</b> For any psychotropic medication currently prescribed to the youth, the assigned caseworker must ensure that:</p> <ul style="list-style-type: none"> <li>• The existing DHS - 1643 informed consent is passed on to the current prescribing physician.</li> <li>• If the informed consent was not completed, is unavailable or expired the required DHS-1643 informed consent process for the medication(s) must be completed.</li> </ul> <p>An existing DHS-1643 Psychotropic Informed Consent for this youth (check applicable box) is:</p> <p><input type="checkbox"/> <b>Not Applicable.</b> Youth is not currently prescribed psychotropic medication.</p> <p><input type="checkbox"/> <b>Attached.</b> A copy of the DHS-1643 informed consent for the child/youth's current psychotropic medications is included.</p> <p><input type="checkbox"/> Not completed. <b>A DHS-1643 informed consent has not been completed or is unavailable for the child/youth's current psychotropic medications. The informed consent process must be completed.</b></p>						
Section B – Health Information (Information to be completed by health care personnel – nursing, MA, PA, etc.)						
Appointment Date	Height:	Weight:	Medical Diagnoses:			
Non-psychotropic Medications:						
Mental Health Diagnoses:						
Section C – Consent for psychotropic medications and treatment plan (signed by those with authority to consent)						
<b>NOTE:</b> Foster Parents and relative caregivers <b>cannot</b> consent to administration of psychotropic medications.						
PSYCHOTROPIC MEDICATIONS – Completed by Physician or Medical Staff						
See box on page 4 for guidance when a DHS-1643 must be completed						
Medication Name	Ongoing No Change	Ongoing Change Dose	New	Discontinued	Dosage Exceeds previous dosage range	Annual Renewal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE to licensed physician: If new medication, increased dose beyond previous consent range or annual review, complete page 2.					*I understand that I can withdraw consent at any time during treatment.	
<b>Signature of Consenting Party*</b> (Consenter must sign/date in appropriate box below.) New medications or dosage increases beyond previous informed consent cannot be administered until signed consent or court order is received from appropriate consenting party (as indicated below).						
Birth Parent/Legal Guardian (for temporary court wards).		Supervising Agency (DHS or Private Agency) Foster Care Worker or Representative (for Act 220 or Act 296 state wards only)			Youth (age 18 and older)	

## DHS Psychotropic Medication Informed Consent

Child/Youth Name:

During transition of care where current DHS-1643 is not available, ongoing medication can continue up to 45 days pending completion/ receipt of DHS-1643

**Section D – Prescribing Physician Information** (Information may be completed by caseworker, agency staff, medical staff, physician, etc.)

Prescribing Physician Name (Please Print):	Telephone:
Name of office/facility (if applicable):	Office/Facility Address (include address number and zip code):

**Section E – Psychotropic Medication Information (to be completed by licensed physician) include:**

- New medication(s),
- Existing medications for which no consent exists,
- Previous DHS-1643 informed consent is expired (renew annually),
- Increasing dosing beyond approved dosing range,
- Discontinuing existing medication, and/or
- Youth reaches age 18.

Medication Name:	Approved Dosage Range: -	Directions for Use:
Target Symptoms (for new or continuing medication or reasons for discontinuing medication):	Potential Side Effects (Information Sheet may be attached):	
Treatment Alternatives:	Pre-treatment/Ongoing Monitoring Recommended:	

**CRITERIA TRIGGERING FURTHER REVIEW**

**To the physician:** In compliance with the MDHS Guidelines for the Use of Psychotropic Medication for Children in State Custody, any medication regimen meeting the triggering criteria below will be reviewed by DHS. The review does not denote that treatment is inappropriate, only that further review is warranted. Please check any boxes that apply, and provide the clinical rationale for the medication regimen. You may be contacted after the review.

**Does use of this medication fall within the triggering criteria? If any of the following criteria are checked, complete the Rationale field below.**

<input type="checkbox"/> Prescribed four or more concomitant psychotropic medications.	<input type="checkbox"/> Prescribed two or more concomitant anti-depressants.
<input type="checkbox"/> Prescribed two or more concomitant anti-psychotics.	<input type="checkbox"/> Prescribed two or more concomitant stimulant medications.
<input type="checkbox"/> Prescribed two or more concomitant mood stabilizer medications.	<input type="checkbox"/> Prescribed two or more concomitant alpha agonist medications.
<input type="checkbox"/> Prescribed psychotropic medications in doses above recommended doses.	<input type="checkbox"/> Prescribed psychotropic medication and child is five years or younger.

Rationale (if applicable)

The above medication was discussed/reviewed with:

Youth	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date	Youth Signature: _____
Foster Parent/Relative Caregiver	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date	Method of review: <input type="checkbox"/> In-Person <input type="checkbox"/> Telephone
Birth Parent or Legal Guardian – for temporary court wards	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date	Method of review: <input type="checkbox"/> In-Person <input type="checkbox"/> Telephone
Assigned Foster Care Worker (DHS or Private Agency) – for state wards	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date	Method of review: <input type="checkbox"/> In-Person <input type="checkbox"/> Telephone

Medication Name:	Approved Dosage Range: -	Directions for Use:
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Target Symptoms (for new or continuing medication or reasons for discontinuing medication):	Potential Side Effects (Information Sheet may be attached):
Treatment Alternatives:	Pre-treatment/Ongoing Monitoring Recommended:

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Birth Parent or Legal Guardian – for temporary court wards	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date	Method of review: <input type="checkbox"/> In-Person <input type="checkbox"/> Telephone
Assigned Foster Care Worker (DHS or Private Agency) – for state wards	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date	Method of review: <input type="checkbox"/> In-Person <input type="checkbox"/> Telephone

<b>Prescribing Physician Signature:</b>	<b>Date:</b>
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## DHS Psychotropic Medication Informed Consent

Child/Youth Name:

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NOTE: If additional medications are required, save current page 2, and add other medication information on new page 2.

Legal Status:

**Section F – Caseworker Record** To ensure timely access, review and monitoring of the psychotropic medications, the assigned case worker must track the informed consent process. Per DHS policy, upon receipt of the DHS-1643 from the prescribing physician, the assigned worker (or other department/agency designee) must:

- For temporary court wards, obtain parental signature (consent) within 7 business days. If worker is unable to obtain parental signature in 7 business days, all efforts made to obtain parental consent **must be documented** in the Comment Section of the Consent Process below (including dates). After a diligent effort has been made for parental signature with no response, the worker must seek consent by petitioning the court on the 8<sup>th</sup> business day.
- For state wards (Act 220 or Act 296), ensure that the completed, signed DHS-1643 is returned to the prescribing clinician within 7 business days.
- For permanent court wards (Legal Status 41), the worker must seek consent by petitioning the court within 3 business days.
- For hospital settings, written consent is required in 3 business days. After a diligent effort has been made for parental signature with no response, the worker must seek consent by petitioning the court on the 4<sup>th</sup> business day.

Document the following information regarding the DHS-1643.

Activity	Date	Comments
<b>1. CONSENT PROCESS</b>		
DHS-1643 received from prescribing physician.		
Sent to _____ for consenting signature.		
Received from consenting party.		
Returned to prescribing physician.		
Consent Process Requiring Court Order to Administer Psychotropic Medication for:		
<ul style="list-style-type: none"> <li>• Temporary Court Wards, birth parent/legal guardian whereabouts are unknown or is unwilling to provide consent and child's physician or psychiatrist has determined there is a medical necessity for the medication.</li> <li>• Permanent Court Wards (Legal Status 41).</li> </ul>		
Motion filed with the court by supervising agency requesting court order for the prescription and administration of necessary medication.		
Court order received.		
Copy of court order submitted to prescribing physician.		
<b>2. MEDICATION OVERSIGHT PROCESS</b>		
Review Criteria Triggering Further Review (in Section E)*		
Sent to DHS Central Office (Medical Consultant Review).		
Received from DHS Central Office (Medical Consultant Review).		
<b>3. TRANSITION OF CARE, if and when applicable</b>		
Copy of DHS-1643 submitted to new treating psychiatrist or physician. _____ <small>Provider's name above</small>		
Copy of DHS-1643 submitted to placement facility (CCI, Treatment Facility, Detention, etc.) _____ <small>Facility name above</small>		
Copy of DHS-1643 sent to Hospital _____ <small>Hospital name above</small>		
Use Additional Lines as Needed		
Additional Comments for Medical Consultant:		

Assigned Caseworker Name	Assigned Caseworker Email Address
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## DHS Psychotropic Medication Informed Consent

Child/Youth Name:

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A copy of the completed, signed Psychotropic Medication Consent form must be emailed to the DHS Medical Consultant at [PsychotropicMedicationInformedConsent@michigan.gov](mailto:PsychotropicMedicationInformedConsent@michigan.gov) within 5 business days upon worker receipt.

A signed DHS-1643, Psychotropic Medication Informed Consent form is completed for each of the following circumstances:

- Prescribing new psychotropic medications.
- Documenting the current existing medications for children entering foster care.
- Existing DHS-1643 is expired. DHS-1643 must be renewed yearly.
- Increasing dosing beyond the approved dosing range.
- Discontinuing existing prescribed psychotropic medications.
- Youth reaches age 18.

Distribution:

Primary Care Physician (if different from Prescribing Physician)

Placement (foster parent, relative caregiver, residential facility)

Prescribing Physician

Consenter (Parent/Legal File/Youth)

DHS Medical Consultant

Case File

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.