

COLUMBIA COUNSELING CENTER

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REFRESH MENTAL HEALTH

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CONSENT FOR TREATMENT DURING PREGNANCY

I, _____, acknowledge and certify that, I was explained the nature and extent of my illness. I was explained the pros and cons of psychotropic medications during the pregnancy as well as the risks of discontinuing psychiatric medications during pregnancy. I was educated about the adverse effects of psychiatric medications on pregnancy as well as the potential risks to the unborn child, including but not limited to risk of IUGR, preterm labor and congenital malformations. I was educated about the alternative methods of treatment to help with my symptoms.

I agree to continue regular follow ups as well as counseling during the pregnancy.

I understand the risks and benefits of continuing psychiatric medications during pregnancy and consent to continue psychotropic medications during my pregnancy.

Signature of client

Signature of Provider

Name of client

Name of Provider

Date

Date

