

THIS FORM MAY BE USED TO DOCUMENT THE PROCEDURE BY WHICH INFORMED CONSENT WAS OBTAINED. BE AS SPECIFIC AS POSSIBLE WHEN DOCUMENTING MATTERS DISCUSSED WITH THE PATIENT OR ALTERNATE DECISION MAKER

INFORMED CONSENT PROCEDURES CHECKLIST

Patient's Name: _____ Date: _____

1. Is the patient competent to consent to treatment? _____

2. If the patient is not competent, is there a legally authorized alternate decision maker? _____
If there is no legally authorized alternate decision maker, has counsel been consulted about the most expeditious way to obtain authority to treat?

3. Was sufficient time allowed for the decision maker to read the informed consent form?
_____ Did the decision maker read the informed consent form? _____

4. Was the informed consent and instructions form verbally reviewed with the decision maker?

5. Was the decision maker informed about the following matters?

A. The risks and benefits of treatment with Zyprexa

B. The risks and benefits of alternate treatments
List below the alternate treatments were discussed.

C. The risks and benefits of no treatment

D. Is the physician's clinical reasoning for prescribing Zyprexa documented?

6. Was the decision maker given an opportunity to ask questions? _____

7. Were questions asked to test the decision maker's understanding of the matters discussed?

8. What questions did the decision maker ask, if any?

9. Did the decision maker need any re-education? If so, in what areas? _____

10. Are there any factors that might impair voluntariness? _____

11. Obtain signature of patient or authorized decision maker on the consent and instructions form. **Check one.**

- The patient or authorized decision maker signed the informed consent form.
- The patient or authorized decision maker declined treatment with Zyprexa.

If treatment was declined, did the decision maker give any reasons?

Physician or Other Staff Member Signature

Date

Print Name of Physician or Other Staff
Member