



AMBIEN - INFORMED CONSENT FOR MEDICATION

<u>Medication Category:</u> Antidepressant	<u>Medications in this Category:</u> zolpidem (Ambien)
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Anticipated dosage range: _____

About your medicine: This medication is indicated for treatment of short term insomnia. Usual adult dosage: 10mg at bedtime.

Side Effects: Every medication is capable of producing side effects. Many people who take zolpidem experience no, or minor side effects. The frequency and severity of side effects depend on many factors including dose, duration of therapy and individual susceptibility.

Possible side effects include:

More Common: dizziness, headache, nausea, diarrhea, and next day drowsiness have been described. Contusion and falls can occur in elderly patients.

Precautions:

1. Mild rebound insomnia has been seen to occur in the first night following discontinuation of the drug.
2. Use with sedatives, imipramine, or chlorpromazine can increase sedation.
3. Use with alcohol can enhance sedation, avoid.
4. Dosage must be reduced in those with liver impairment.

By my signature below, I give consent for the above-named medication to be administered and for a change of medication within this medication category. My signature also indicates that I am aware of, have read and discussed the reasons for the use of this medication, and its potential risks and benefits.

Client Signature: _____ Date Signed _____

Witness Signature: _____ Date Signed _____

Pathway Clinic, SC/Wisconsin Eating Disorder Specialists/The REDI Clinic