



BUPROPION - INFORMED CONSENT FOR MEDICATION

Medication Category: (Antidepressant)	Medications in this Category: bupropion (Wellbutrin)
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Anticipated dosage range _____

About your medicine: Bupropion is used to treat depression. The exact mechanism of how this drug works is not known. As with other antidepressant medications, this medication takes several weeks to work before it is maximally effective.

Side Effects: Every medication is capable of producing side effects. Many people who take antidepressants 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: agitation, constipation, nausea, vomiting, weight loss, dry mouth, excessive sweating, headache, tremor, blurred vision, sedation, insomnia, rapid heart beat, loss of appetite.

Precautions: Wellbutrin has been associated with increased risk of seizures perhaps as much as four times that of the tricyclic class of antidepressants. This occurs most commonly with doses above 450 mgs per day or when taking more than 150 mgs in one dosage. & sure to take your medication as prescribed, with approximately six hours time between doses.

Alcohol should be avoided in combination with Wellbutrin, as it can affect the seizure threshold. Do not operate hazardous equipment such as an automobile until you are sure that the medication is not affecting our ability to do so. This medication should not be used in pregnant women, nursing mothers, or children. Its use with other psychiatric medications has not been well-studied and these medications should be used with caution.

Patients who have a current or previous diagnosis of bulimia or anorexia nervosa should avoid treatment with Wellbutrin because of the higher risk of incidence of seizures in such patients. This medication should never be used with an antidepressant medication of the MAOI category (example — Parnate, Nardil)

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 _____