



BENZODIAZEPINE - INFORMED CONSENT FOR MEDICATION

<u>Medication Category:</u> Anti-anxiety Medication	<u>Medications in this Category:</u> aiprazolam (Xanax); chiordiazepoxide (Librium); clonazepam (Klonopin); clorazepate (Tranxene); diazepam (Valium); flurazepam (Dalmane); lorazepam (Ativan); oxazepam (Serax); temazepam (Restoril); uiazolam (Halcion)
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Anticipated dosage range: _____

About your medicine: Benzodiazepines are used to relieve nervousness or tension and to treat insomnia. Some are also used to relax muscles or relieve muscle spasms. Benzodiazepines may also be used for other conditions as determined by your doctor. Benzodiazepines should not be used for nervousness or tension caused by the stress of everyday life.

Side Effects: Every drug is capable of producing side effects. Many people who take benzodiazepines experience little or no 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: Clumsiness, unsteadiness, dizziness, light-headedness, or drowsiness.

Less Common: Memory impairment, confusion, decreased concentration, constipation, slurred speech, and delirium. Some people will do things when taking a benzodiazepine that they would not do otherwise, similar to some people doing things while intoxicated on alcohol that they would not do while sober.

Precautions: All of these medications have a potential for abuse, tolerance and dependence. If you have taken this medication regularly for a long period of time or in large doses, do not stop taking it without first checkin.g with your doctor. Your doctor may want you to reduce gradually the amount you are taking before stopping completely. Stopping this medicine suddenly may cause withdrawal side effects. Symptoms of withdrawal may include: increased anxiety, sleeplessness, irritability, nausea, palpitations, headache, muscle tension/cramps, tremor or seizures.

By my signature below, I give consent for the above-named medication to be administered. My signature also indicated that I have read and discussed the reasons for the use of this medication, and its potential risks and **benefits**, that I do not have an alcohol or drug abuse problem, and that I know that these medications and alcohol or illicit drugs should not be used at the same time.

Client Signature: _____ Date Signed: _____

Witness Signature: _____ Date Signed: _____