

[Clinic or Office letterhead]
[name of prescriber]

INFORMED CONSENT TO TAPER AN ANTIDEPRESSANT

Name: _____ Date: _____ Medication/dose: _____

Today we discussed tapering and potentially stopping your antidepressant medication. Please be sure you understand the intent of today's prescription for a reduced dose, and feel free to ask more questions.

Clinical reason(s) to reduce dose or stop (e.g. depression/anxiety resolved, side effects):

Your reason(s) (what you hope will change): _____

How will we know if I'm better? (e.g.: side effects gone, more complete emotions, sexual function improved):

Before you start to taper your antidepressant:

1. Did we cover possible withdrawal symptoms, and how to distinguish them from a return of your original condition?
2. Did we cover what could go wrong and how to respond?
3. Are you comfortable with the planned tapering schedule and how to modify it?
4. Is there a plan to provide very small drug doses, if needed?
5. Is a follow-up appointment or series of appointments arranged?
6. If you think about harming yourself, do you know what to do?
BC's mental health crisis line is [1-800-784-2433](tel:1-800-784-2433) or [9-8-8](tel:9-8-8)

Signature acknowledging receipt (if desired): _____