MENTAL HEALTH PATIENT TREATMENT AGREEMENT

Mental health refers to a person's overall psychological well-being. It encompasses how we think, feel, and behave, as well as how we handle stress, relate to others, and make choices. Good mental health is more than just the absence of mental illness; it involves a state of balance in which individuals can realize their potential, cope with the normal stresses of life, work productively, and contribute to their community.

Key aspects of mental health include:

- Emotional Well-Being: The ability to manage emotions, experience positive feelings, and recover from setbacks.
- Psychological Well-Being: Involves self-acceptance, personal growth, purpose in life, autonomy, and a sense of mastery over one's environment.
- Social Well-Being: The capacity to maintain healthy relationships, feel connected to others, and engage in social activities.

Mental health is influenced by various factors, including genetics, life experiences, and environmental conditions. It is important to maintain and promote mental health through self-care, seeking support when needed, and addressing any mental health issues early on to prevent them from becoming more severe.

I understand that APNS does not currently have specialized psychiatric providers at this time. I also understand that the APNS practitioners are unable to legally provide psychotherapy and that I would need to be referred out for psychotherapy or counseling.

U understand that APNS only treats the following mental health conditions:

- Mild or moderate depression
- Mild or moderate anxiety
- Mild or moderate PTSD (post traumatic stress disorder)
- ADD (attention deficit disorder)
- ADHD (attention deficit hyperactivity disorder)
- Situational stress response
- Insomnia

SIDE EFFECTS:

Selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs) can have a variety of side effects:

SSRIs

These can include nausea, vomiting, diarrhea, indigestion, constipation, loss of appetite, weight loss, weight gain, dizziness, blurred vision, dry mouth, sweating, sleeping problems, headaches, low sex drive, difficulty achieving orgasm, and erectile dysfunction. Other side effects include sexual dysfunction, worsened anxiety, and gastrointestinal issues. SSRIs can also increase the risk of suicidal thoughts or behavior, serotonin syndrome, and antidepressant discontinuation syndrome.

SNRIs
These can include nausea, vomiting, dry mouth, constipation, fatigue, drowsiness, dizziness, and excessive sweating.

Serotonin syndrome is a potentially life-threatening drug reaction that results from having too much serotonin in my body.

Symptoms:
- Mild Symptoms:
  - Agitation or restlessness
  - Confusion
  - Rapid heart rate and high blood pressure
  - Dilated pupils
  - Muscle twitching or rigidity
  - Sweating
  - Diarrhea
  - Headache

- Moderate to Severe Symptoms:
  - High fever
  - Seizures
  - Irregular heartbeat
  - Unconsciousness
  - Shivering and goosebumps
  - Loss of muscle coordination or muscle rigidity

I understand that serotonin syndrome is a medical emergency. If I experience signs and symptoms of serotonin syndrome I will immediately stop the medication and go immediately to the nearest emergency room.

Serotonin discontinuation syndrome results from a sudden decrease in serotonin levels if I stop taking an SSRI (selective serotonin reuptake inhibitor) or SNRI (serotonin and norepinephrine reuptake inhibitors).

Symptoms usually begin within a few days of stopping the medication and can last for one to two weeks, although some symptoms may persist for longer. Common symptoms include:

- Flu-like Symptoms: Fatigue, muscle aches, chills, and headache.
- Gastrointestinal Distress: Nausea, vomiting, and diarrhea.
- Sleep Disturbances: Insomnia, vivid dreams, or nightmares.
- Sensory Disturbances: "Brain zaps" (electric shock sensations), tingling, or a feeling of imbalance.
- Mood Changes: Irritability, anxiety, agitation, or depressed mood.
- Cognitive Symptoms: Confusion or difficulty concentrating.

I recognize that APNS does not prescribe controlled substances for any reason, no exceptions.

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ADHERING TO THE TREATMENT PLAN:
I understand I am expected to follow the treatment plan which is developed collaboratively with my practitioner. This means being compliant with medications, taking the dosage prescribe and not taking more or less without first consulting my practitioner, keeping appointments, and following through with referrals to therapists, other healthcare providers, lab work, or other necessary treatment. Grounds for dismissal from APNS include abuse of medications, failure to follow my treatment plan, missing 2 or more appointments, repeatedly rescheduling appointments, failing to pay my bill in a timely manner or being disrespectful to the APNS staff.

SIDE EFFECTS/RISKS OF THIS TREATMENT:
Dizziness and drowsiness, nausea, dry mouth, constipation, diarrhea, loss of appetite, slight increases in blood pressure, fatigue, increased sweating, blurred vision, problems with urination, difficulty sleeping, and male sexual difficulties. Suddenly stopping this medication may cause medical problems. In rare cases, these medications may cause increased suicidality in depressed patients who are less than 24 years old. Other conditions to watch out for are:

RISKS OF REFUSING THIS TREATMENT:
Include but are not limited to continuation or worsening of your symptoms and distress (including periods of depressed mood, irritability, loss of interest and enjoyment, and hopelessness), and becoming less able to care for yourself.

LENGTH OF CARE:
The medication usually begins to act within 2-4 weeks. Reliable benefits require regular, long-term usage. Your doctor may adjust the dosage during treatment, in most cases, to the lowest dosage that is needed. Your doctor may order laboratory tests from time to time to make sure that the medication is being given properly and is not causing medical problems.

NOTIFICATION:
I have the right to stop taking this medication at any time, but I agree that when I am ready to stop or decrease this medication, I will talk to my practitioner first. If I decide to stop taking the medication, it will not affect my ability to receive or be referred to other mental health services. I will avoid excessive heat or dehydration while taking this medication. If I am a female patient, I will let my practitioner know if there is a possibility that I am pregnant, am confirmed pregnant, plan to become pregnant, or am or plan to breast feed.

By signing this agreement, I attest that I do not have any of the contraindication conditions, I do not have family history of any of the contraindicated conditions and have fully disclosed all necessary information to my provider in order for him/her to make an informed and safe medical decision in prescribing me an SSRI, SNRI, or other non-controlled mental health treatment. Further, I agree to follow the prescription and directions of the pharmacist and provider without variation, and if I have any questions or concerns, or experience any possible side effects, I will contact my provider immediately and fully disclose my condition and await instructions from my provider on how to proceed.

_____ _____

Signature Date

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Print Name

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