

IN THE MATTER OF:	CASE NUMBER:
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8. I have discussed or attempted to discuss the proposed treatment with the patient on the following dates and times:

(DATE)	(TIME)	(DATE)	(TIME)	(DATE)	(TIME)	(DATE)	(TIME)
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9. I explained or attempted to explain the proposed treatment to the patient, as well as the following information:

- a. Probable effects of the medication:

- b. Possible side effects of the medication:

- c. The likelihood of improving or not improving without the medication:

- d. Reasonable alternative treatments available:

10. The patient's response to my explanation was as follows:

11. The patient has has not objected to the proposed medication because of allergies or side effects from prior administrations of the proposed or related medication.

- a. If the patient objected to the proposed medication because of allergies or side effects from prior administrations of the proposed or related medication, please describe the specific concerns the patient raised:

- b. I have have not obtained the patient's medication history.

- c. I conducted the following investigation of the objection(s):

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12. The patient does does not believe he/she suffers from a mental disorder. I base my conclusion on the following statements and/or actions by the patient:
13. The patient is is not able to understand the risks and benefits of medication or alternative treatments. I base my conclusion on the following statements and/or actions by the patient:
14. The patient is is not able to rationally understand and evaluate information regarding informed consent, and otherwise participate in the treatment decision. I base my conclusions on the following statements and/or actions by the patient:

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Date: _____

(SIGNATURE OF TREATING PHYSICIAN)