

Child's Opinion About the Medicine

You may use this form to tell the judge what you think about the medicine that a doctor wants you to take.

You do not *have to* use this form if you do not want to. There are other ways to tell the judge how you feel. You can:

- Talk to the judge at a hearing or write the judge a letter, or
- Ask your lawyer, social worker, probation officer, or CASA to tell the judge how you feel.

You may ask someone you trust to help you read and fill out this form. And you may add as many pages as you need. If you add extra pages, please put your name and the number of the question you are answering on each extra page.

1 Your name: _____
 (first) *(middle)* *(last)*

② Your date of birth: _____
 (month) (day) (year)

Answer these questions about this medicine:

- ③ Do you know that a doctor wants you to take a medicine? ☐ Yes ☐ No ☐ Not sure
- ④ Do you know the name and dose of the medicine the doctor wants you to take? ☐ Yes ☐ No ☐ Not sure
- ⑤ Have you taken this medicine before? ☐ Yes ☐ No ☐ Not sure
- ⑥ Do you want more information before you decide if you want to take it? ☐ Yes ☐ No
- If **yes**, what do you want to know?

If **yes**, what do you want to know? _____

- 7 Did anyone tell you how the medicine is supposed to help you? ☐ Yes ☐ No ☐ Not sure
- 8 Did anyone explain the possible side effects? ☐ Yes ☐ No ☐ Not sure

If **yes**, what did they say? _____

- 9 What is your opinion about taking the medicine?

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of

Fill in child's name and date of birth:

Child's Name:

Date of Birth:

Court fills in case number when form is filed.

Case Number:



Child's name: _____

Case Number: _____

- 10** Do you agree to take the medicine? ☐ Yes ☐ No ☐ Not sure
Explain your answer here, if you want to: _____

Questions about you

- 11** List any other treatment or therapy you are doing now:
- | | | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Individual talk therapy | <input type="checkbox"/> Family therapy |
| <input type="checkbox"/> Group talk therapy | <input type="checkbox"/> Counseling at school | <input type="checkbox"/> Art or play therapy |
| <input type="checkbox"/> Cognitive Behavioral Therapy (CBT or practicing behaviors) | | |
| <input type="checkbox"/> Other (<i>list any other treatment here</i>): _____
_____ | | |

- 12** What do you like to do for fun?

- 13** What activities would you like to be involved in now?

- 14** Say anything else about yourself or the medicine that you want the judge to know.

For a 17-Year Old Youth ONLY

If you are **under** 17, skip to the next question.

- 15** When you turn 18,
- | | | | |
|--------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------|
| a. Will you be able to keep the doctor you have now? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| b. Will you know how to get this medicine if you want to keep taking it? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |



Child's name: _____

Case Number: _____

For a child taking this medicine now

If you are NOT taking this medicine **now**, skip to the next question.

16 Do you have any side effects from the medicine? ☐ Yes ☐ No

If **Yes**, check below:

☐ Weight gain ☐ Weight loss ☐ Headache ☐ Constipation

☐ Problems sleeping ☐ Feeling very sleepy ☐ Nausea ☐ Feel dizzy

☐ Other (list any other side effects here): _____

17 I you have side effects, did you tell your doctor? ☐ Yes ☐ No

If **Yes**, your doctor's name: _____

18 Did someone help you with this form? ☐ Yes ☐ No

If **Yes**, who? ☐ my social worker ☐ my probation officer ☐ my caregiver ☐ my lawyer ☐ my CASA

☐ Other (explain): _____

☐ Check here if you are going to add extra pages to this form. And say how many pages: _____

Date:

Type or print child's name



Child signs here



Type or print name of other person who helped child fill out form

Helper signs here