# Consent Requests Can Now be Submitted Online!

Requests for consent can now be submitted online. Visit guardianconsent.dcfs.illinois.gov to learn more and submit your consent request today!

## What is the DCFS Guardian Consent Portal?

The Guardian Consent Portal is a user-friendly website for the electronic submission of consent requests for youth in care. The portal provides clear instructions on the type of consent form and information you need to be able to submit a consent request. When you submit a consent request through the portal you will receive a submission confirmation with a copy of the CFS consent form. The consent request will be sent to the Guardian Consent Unit for processing and the completed consent will be returned to you via email or fax.

**The following CFS forms are available to submit on the Portal today:**

- CFS 415: Ordinary and Routine Medical and Dental Care
- CFS 431: Medical/Surgical Treatment
- CFS 431-A: Psychotropic Medication
- CFS 431-1: Mental Health Treatment
- CFS 432: Out of State Travel / Out of Country / Extended Trips
- CFS 600-3: Release of Information

CFS 431-A
Rev 05/2024

**Illinois Department of Children & Family Services**
**PSYCHOTROPIC MEDICATION REQUEST FORM**
**Fax completed form to 312-814-7015**

Date of Request _____

## YOUTH INFORMATION

Last Name_____ First Name_____ Middle ____ Suffix ___ Pronouns: _____

DCFS ID# (8digits) __ __ __ __ __ __ __ __ Date of Birth _____ Sex at Birth: ☐Male ☐Female ☐Intersex

Placement type: ☐Foster Home ☐ Parent(s) ☐Shelter ☐Residential (QRTP) ☐Hospital ☐Detention ☐IYC ☐Other _____

## PRESCRIBER INFORMATION

Last Name_____ First Name_____ Specialty_____ Phone*_____

*For expedited processing, please include prescriber's cell phone, or direct line to medical staff.

Completed consent to be sent to: Fax _____ ***and*** Email _____

Form Completed by: ☐ Prescriber's office ☐ Facility Staff ☐ Other _____

Last Name_____ First Name_____ Phone _____ Facility/Agency Name: _____

## CLINICAL INFORMATION

| |
|---|
| **List of Psychiatric Diagnoses** (Indicate Rule Out & History of): |
| |
| Medical Diagnoses: |
| Medical/OTC Medications: |
| Weight (lbs) : Height (ft/in) : Date taken: |
| Weight related plan (required for <10% or >90% BMI): |

## CURRENT PSYCHOTROPIC MEDICATIONS

Is the youth currently on any Psychotropic Medication? Yes ☐ No ☐

List current psychotropic medications & dosages, including meds to treat side effects, meds without consent, and those being renewed.

| Medication | Dose | Times Given | Will or has med been Discontinued? | Discontinued Reason | Taper Schedule |
|---|---|---|---|---|---|
| | | | ☐ Yes | | |
| | | | ☐ Yes | | |
| | | | ☐ Yes | | |
| | | | ☐ Yes | | |
| | | | ☐ Yes | | |
| | | | ☐ Yes | | |
| | | | ☐ Yes | | |

## MEDICATION REQUEST (ALL fields required for processing)

Side effects of all requested medications reviewed with youth? ☐ **YES** ☐ **NO**

Does youth object? ☐ **YES** ☐ **NO** _____

IF YES, LIST MEDICATION AND EXPLAIN WHY CHILD OBJECTS

**Type of request: ☐New ☐Increase ☐Renewal (consent to expire) ☐New to DCFS, continuing med ☐One time emergency med (for acute sx)**
**☐On med or dosage w/o consent, Prescriber who started /increased med** _____ **Date started** _____

Medication_____ Dose_____ Time Given_____ Max daily range _____ Form_____ Duration_____

NOT TO EXCEED 180 DAYS

List specific symptoms (NOT diagnoses) that are **Current**: _____

List specific symptoms (NOT diagnoses) that are **Controlled with Med**: _____

**Additional rationale** for co-pharmacy, non-first-line medications, polypharmacy and other significant clinical information i.e. explanation of treatment plan or history, etiology of sleep disturbance, **alternative treatments (required for children <6)**.

**Annual screening labs required for all youth taking antipsychotic and/or mood stabilizer medications.**

Labs attached? ☐ Yes ☐ No If no, date of lab submission _____

CFS 431-A
Rev 05/2024

**Illinois Department of Children & Family Services**
**PSYCHOTROPIC MEDICATION REQUEST FORM**

Page 2 (not to be sent without page 1)

Youth's name _____ DCFS ID#__ __ __ __ __ __ __ __

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