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SPIRONOLACTONE CONSENT FORM

In regards to my future Spironolactone therapy:

Doctor Badame has discussed in detail with me the indications for use of this medication in my condition of _____ . He has provided me with a copy of this consent form.

I understand that while the use of Spironolactone in this disorder is **not** experimental, studies that have been done using it in my condition are few and relatively small. Therefore the treatment is not considered standard first line treatment for my condition.

Doctor Badame has discussed to my satisfaction the following possible adverse effect of Spironolactone:

1. Dry mouth, increased urination
2. Change in breast size
3. Changes in blood count, metabolism, and electrolyte balance
4. Cramping, nausea, diarrhea
5. Drowsiness, lethargy
6. Headache, mental confusion
7. Allergic rash
8. Irregular menses and postmenopausal bleeding
9. Fever
10. Liver and other tumors in rats (not shown to cause tumors in humans

In addition I agree to:

1. Discontinue Spironolactone if pregnant or nursing or if I develop liver or kidney disease of any origin.
2. Discontinue taking any potassium supplement including potassium salt ("no-salt")
3. Notify my doctors that I am taking Spironolactone if I start on medication for another problem (to avoid adverse drug interaction).
4. Decrease dosage or stop Spironolactone at Dr. Badame's request.
5. Obtain necessary laboratory tests as frequently as my condition dictates to evaluate the effect of the drug on my body.

By signing below, I acknowledge that I have read the foregoing informed consent and that Dr. Badame has adequately informed me of the risks and benefits of treatment with Spironolactone and alternative treatments with their attended risks and benefits. I fully understand the benefits and limitations of treatment with Spironolactone, all my questions have been answered to my satisfaction, and I hereby consent to treatment with Spironolactone.

PATIENT: _____ DATE: _____

WITNESS: _____ DATE: _____