



*The Fort Christian Psychiatric Center  
Shaw Wendi Fortuchang, M.D., P.C.*

**Pearls of Wisdom Covenant Agreement**

1. I will notify Dr. Fortuchang, immediately, if there are any significant changes in my psychiatric symptoms and/or medical condition.
2. If I feel that I am at risk of hurting myself, I will notify Dr. Fortuchang immediately. If I feel that I am at imminent risk and need immediate attention, I will call 911 or go to the nearest emergency room.
3. If I ever end up requiring emergency room treatment, I will see to it that Dr. Fortuchang is notified within 24 hours. Afterward, I will follow-up with the office on the next business day to schedule an appointment. I will also inform Dr. Fortuchang of any medication changes that were made at the hospital.
4. If I want to increase, decrease, or discontinue my medication regimen, I will call Dr. Fortuchang first. I understand that changes made without Dr. Fortuchang's permission are potentially dangerous and will interfere with our ability to work together.
5. I understand that it is extremely important not to share my medication with anyone else, as well as not to take any medication that has been prescribed to someone else.
6. I understand that obtaining psychotropic medications from doctors other than Dr. Fortuchang violates the trust and open communication essential to a healthy therapeutic relationship. Therefore, such actions are strictly prohibited and may result in termination from The Fort Christian Psychiatric Center.
7. I understand that it is strongly advised to not drink alcohol or use illegal drugs— especially while taking psychiatric medications.
8. I will notify Dr. Fortuchang if there are any changes to my home address, phone number or e-mail address.
9. I fully understand that emails are to be used for benign correspondence ONLY. I will not send any emails containing urgent/emergent/clinical questions or information.
10. I will adhere to the treatment plan prescribed by Dr. Fortuchang, and I will ask questions when I do not understand something regarding my psychiatric treatment.
11. I understand that it is fully my responsibility to request medication refills during my appointment, and that requests made between appointments are subject to a \$25 fee.
12. I have read the office policies for The Fort Christian Psychiatric Center in their entirety. I understand them, I agree with them, and I understand the importance of adhering to them.
13. I agree NOT to take any over-the-counter supplements (diet pills, herbal supplements, etc)—especially if I'm being prescribed medication, without first discussing it with Dr. Fortuchang. Such supplements have been known to have adverse effects and may worsen certain psychiatric disorders. I understand that failure to adhere to these pearls could jeopardize my status as a patient at The Fort Christian Psychiatric Center.
14. I understand that failure to adhere to the aforementioned pearls could result in termination from The Fort Christian Psychiatric Center/Shaw Wendi Fortuchang, M.D., P.C.

I have read, understand, and agree with the above Pearls of Wisdom.

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_

Patient's Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**\*This must be the signature of the person signing. It is illegal in the state of Georgia to sign another person's name without Power of Attorney.**

*Be joyful in hope, patient in affliction, faithful in prayer. Romans 12:12  
Adult Version*