Welcome to medication initiation at PAX Medica.

Please fill out the form below and send it to us via email or bring it with you to your first appointment. Fill in all fields, even if you have provided the information previously, to ensure we have the correct details.

1. **Personal Information:**

   Your name:

   Personal identity number (personnummer):

   Address:

   Mobile phone:

   Email:

   Signature:

   Do you consent to receiving SMS reminders from our system?

In order to ensure a safe and secure medication initiation with proper follow-ups, I confirm that I have been informed about the medication package, its contents and structure—both in writing through a brochure and verbally by a licensed psychiatrist. I acknowledge that I understand the potential side effects and the psychiatrist's right to discontinue treatment should complications or suspected comorbidity arise. In such cases, the doctor may refer me to public psychiatric services or appropriate somatic care for continued treatment. I also understand that I always have the option to request a referral to public psychiatric care for cost-free treatment.

To carry out a safe and secure medication initiation and follow-up by a licensed psychiatrist and specialist nurse, we require documentation from previous healthcare contacts—both public and private. Please confirm below that PAX Clinic is allowed to access these medical records as part of our treatment process.

I consent to the above, including access to previous records and ongoing treatment at PAX:

Place and date:

Signature:

paxkliniken.se
Hej@paxkliniken.se
0763-228495

Besöksadress: Beijerskajen 8A
Postadress: Nordenskiöldsgatan 11A
211 19 Malmö,
Sverige