# MEDICATION TRACKER

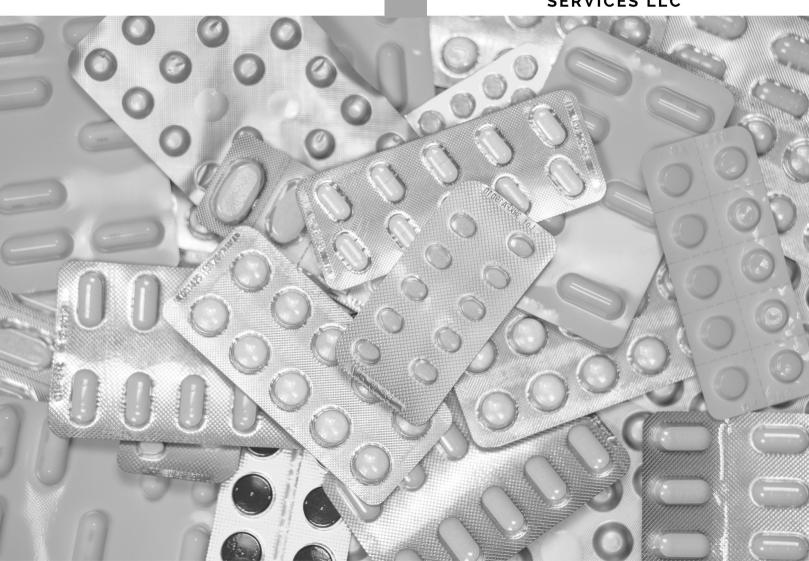




## RENEW

WELLNESS

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COUNSELING,
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### **MEDICATION**

#### COMMUNICATION

If you have made the personal decision to use psychotropic medication to manage symptoms the medication tracker can be a good resource. Medication can have side effects and it can be tough to remember this information during medication monitoring appointments. Keeping track of your experiences can make it easier to have these important conversation with your prescriber.

### PREPARE, ENGAGE, &ENRICH

Organizing the information you need to share with your prescriber during each appointment can save time and possibly money. The most important benefit is that you can address each concern as it occurs. Decreasing the number or phone calls and visits to your provider is another advantage.



Prepare for your medication monitoring appointments to save time and allow more room for you to engage in an open and honest discussion about your experience taking the medication. This small task of writing out your medications, any side effects, and the severity of the side effects can enrich your healthcare experience. You can also ask someone you trust to help you fill out the medication tracker to help you prepare for appointments. No act of preparation is too small to make a huge difference in your overall experience and mental wellness.



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Reduced sexual performance

Current Medication(s) Dose (how much) Frequency (how often)

Side Effect Checklist-If you are having any of the side effects listed below, place a check ( ) next to each side effect. Then, rate how bothered you have been by the side effect by rating it on a scale of 1 to 4:

1- Mild 2-Moderate 3-Severe 4- Very Severe

Side Effects I have had this recently Severity (on a scale of (1 to 4)
Dry Mouth
Weight Gain
Diarrhea
Constipation
Weight Loss
Restlessness
Sleepiness
Hair Loss
Tremors
Nausea

Reduced sexual interest



Name

Current Medication(s) Dose (how much) Frequency (how often)

Side Effect Checklist-If you are having any of the side effects listed below, place a check (<) next to each side effect. Then, rate how bothered you have been by the side effect by rating it on a scale of 1 to 4:

1- Mild 2-Moderate 3-Severe 4- Very Severe

Side Effects I have had this recently Severity (on a scale of (1 to 4)

Increased heart rate

**Sadness** 

**Anxiety** 

**Shakiness** 

**Loss of Sleep** 

**Loss of Appetite** 

**Increase in Appetite** 

**Skin Changes** 

Nausea

Vivid or lucid dreams

Other