# MEDICATION TRACKER

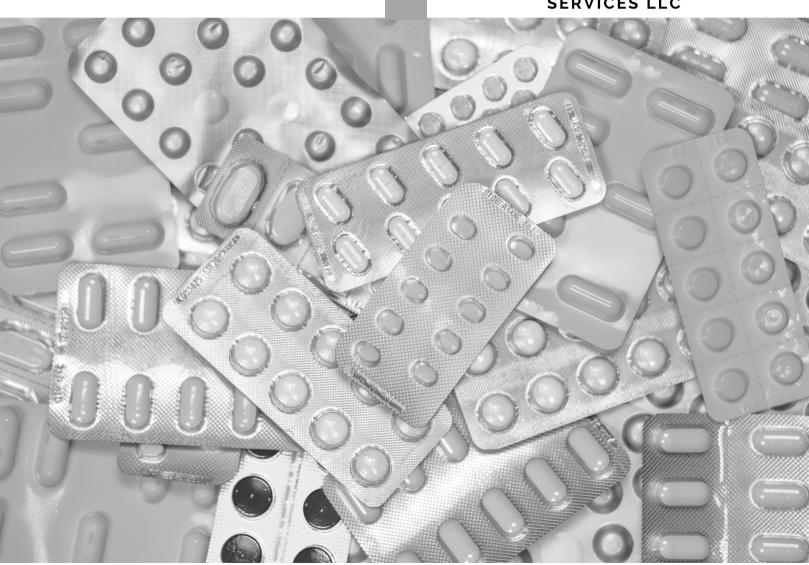




## RENEW

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 be make it easier to have this 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 it 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 with your prescriber. This small tasks 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.

### Medication Tracker

Current Medicatio	on(s)	Dose (how much)	Frequency (how	often)
Name				I

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

<b>Side Effects</b>	I have had this recently	Severity (on a scale of (1 to 4 )
<b>Dry Mouth</b>		
<b>Weight Gain</b>		
Diarrhea		
Constipation		
Weight Loss		
Restlessness		
Sleepiness		
Hair Loss		
Tremors		
Nausea		
Reduced sexual interest	<u>t</u>	

Reduced sexual performance

### Medication Tracker

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:

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**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