



Medication Information Form

Name:

Date:

Current Medications

I am currently using the following medications (list all):

I understand the intended purpose of each medication I am taking: TRUE FALSE

I understand the risks and side-effects of each medication I am taking (circle): TRUE FALSE

History of Medication Use

1. I have taken the following medication(s) for depression/anxiety in the past (list all):
2. I experienced the following side effect(s) relating to this/these medication(s):
3. I experienced the following beneficial (helpful) effect(s) relating to these/this medication(s):

Beliefs About Use of Medication

I have marked an "X" by statements that I endorse or believe. I am prepared to discuss these with NYEP staff, as they may influence my successful use of medications.

- Drugs for anxiety or depression are not the answer to one's problems in life.
- These kinds of drugs are a "crutch"
- Of all people, I would be the one to get severe side effects
- I should be able to function without using these kinds of drugs
- I could get addicted
- My family would be embarrassed or not want me to use these types of drugs
- I will not be able to work if I take these kinds of drugs
- These kinds of drugs are overused
- It is harmful to take too many different kinds of drugs
- These kinds of drugs should not be taken long-term
- Drugs that doctors prescribe for anxiety and depression are dangerous
- It is important to take these types of drugs on a regular schedule



Medication Information Form (cont'd.)

Expectations

I am most troubled by the following problems, which I have marked with an "X". I expect that my treatment, whether I take medications or not, will help with these problems.

- Anger or Irritability
- Sadness
- Anxiety, Nervousness, Paranoia
- Sleep Problems: sleeping too much takes a long time to fall asleep waking up during the night waking up too early
- Lack of Interest (in people or activities that I usually enjoy)
- Guilt, Self-Critical Thoughts, Feeling Worthless
- Lack Energy - Tired feeling
- Trouble Concentrating
- Appetite Change: significantly greater significantly less weight loss weight gain
- Psychomotor Problems: feeling very "slowed down" feeling very "sped up"
- Aches and Pains (not relating to muscle strain)
- Suicidal thoughts

Strategies for Using Medication Successfully

Successful use of medications at NYEP requires that you follow these steps:

1. Know the name of the medication you are taking and the dosage
2. Know the time of day to take the medication and whether it is best taken with food
3. Take your medication every day, as directed
4. Know whether you should make dietary changes while taking the medication or if you should avoid taking certain other medications in conjunction
5. Know the side effects of the medications you are taking and plan ways to cope with these side effects
6. Know that you should call your prescriber if you are having disturbing or bothersome symptoms that you attribute to the medication.
7. Monitor the beneficial effects of your medication
8. Promptly order refills for your medications when you notice you are getting low (about 3 days in advance)
9. Keep all medication management appointments with your prescriber
10. When you are ready to stop using the medication, *plan* discontinuation with your prescriber and follow all directions given (such as slowly reducing your dose until you stop completely)