

Talking to Your Doctor About Going Off Medication

Reason for visit: _____

Current medications: _____

Is your medication helping? Please explain. _____

Side effects: None Suicidal thoughts Anxiety Fatigue

Insomnia Dizziness Trouble concentrating Sex issues

Diarrhea Nausea Constipation No interest in activities

Weight loss Weight gain Other: _____

Please explain: _____

Questions for the doctor:

1. _____

2. _____

3. _____

Appointment notes: