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:

__________________________________________
__________________________________________
__________________________________________
__________________________________________