

# Talking to Your Doctor About Going Off Medication

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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: