



Staying on Track with Antidepressants

Name: _____ Date: _____

Health provider: _____ Tel: _____

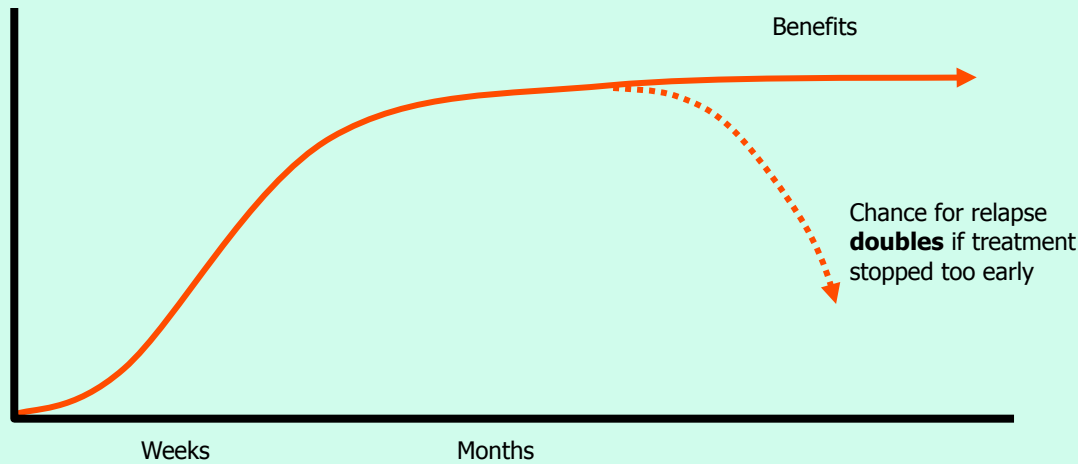
You have been taking _____ for approximately _____ months. To ensure that you benefit fully from this medication, it is helpful to review how you're doing and discuss any questions you may have with your health provider.

Info Exchange. What's to be talked about.

- Improvement (symptoms, daily activities)
- Estimated duration of treatment
- Preventing relapse
- Problems if treatment stopped too early
- Missed doses
- Information about stopping this antidepressant
- New or ongoing concerns
- New or ongoing side effects
- Safety:
 - ___ Other medications
 - ___ Herbals
 - ___ Food
 - ___ Alcohol/substances
- Help beyond medications

Notes

What to Expect



Notes and comments:

Lined area for notes and comments.

Follow-up appointment:

Clinic/Pharmacy Information:

Blank space for follow-up appointment details.

Blank space for clinic/pharmacy information.

Important

Depression and anxiety can be serious conditions. Contact a physician immediately if you experience thoughts of harming yourself or suicide.

Medication
InfoShare
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