



iflow Psychology

MEDICATION MONITORING FORM

Supporting mental health, resilience, and wellbeing

www.iflowpsychology.com.au | Gladesville, NSW | (02) 6061 1144

Client's Name:	DOB:
Date:	Date:
GP/Psychiatrist:	Psychologist:

Please complete and return a copy to your treating psychologist to maintain on file.

Medication Details:

Medication	Dosage	Date First Prescribed

Please rate any changes that have occurred since taking the current medication on the lines below:

Symptom Control						
-3	-2	-1	0	1	2	3
Worse			Unchanged		Better	

Tolerability of medication (side effects)						
-3	-2	-1	0	1	2	3
Worse			Unchanged		Better	

Quality of life						
-3	-2	-1	0	1	2	3
Worse			Unchanged		Better	

How would you rate the global changes that have occurred since medication started?					
Not Applicable (Medication not taken)	Marked deterioration	Small deterioration	No change	Small improvement	Marked improvement

Comments:

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Please mark with an x the frequency of any side effects experienced with the current treatment since your last medical appointment. Contact your treating doctor or local hospital if side effects are significant or of concern.

iflow psychology - Medication Monitoring Form (Continued)

SIDE EFFECT	FREQUENCY				COMMENTS
	Not at all	Sometimes	Often	All the time	
Appetite reduction					
Weight loss					
Weight gain					
Stomach aches					
Nausea					
Vomiting					
Diarrhea					
Dryness (skin/eyes/mouth)					
Thirst					
Sore throat					
Sleep difficulties					
Tics					
Headache					
Muscular tension					
Fatigue					
Dizziness					
Sweating					
Agitation/excitability					
Irritability					
Mood instability					
Over focus 'zombie effect'					
Sadness					
Heart palpitations					
Blood pressure changes (Significantly lower or higher)					
Frequent urination					
Sexual dysfunction					
Feeling worse or different when the medication wears off (rebound)					
Other:					

Items to be discussed as the next medical appointment:

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