MEDICATION APPOINTMENT checklist

Appt Date: \_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Pre-Appointment

Bring to the appointment: 1. Medication Appointment Worksheet (this document), 2. G/Y/R Graph and 3. Medication Review Letter

# A close up of a logo Description automatically generatedMedication & behavior UPDATEs

*Discuss each of the following with the doctor:*

**Other Services (e.g., counseling, behavioral):**

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

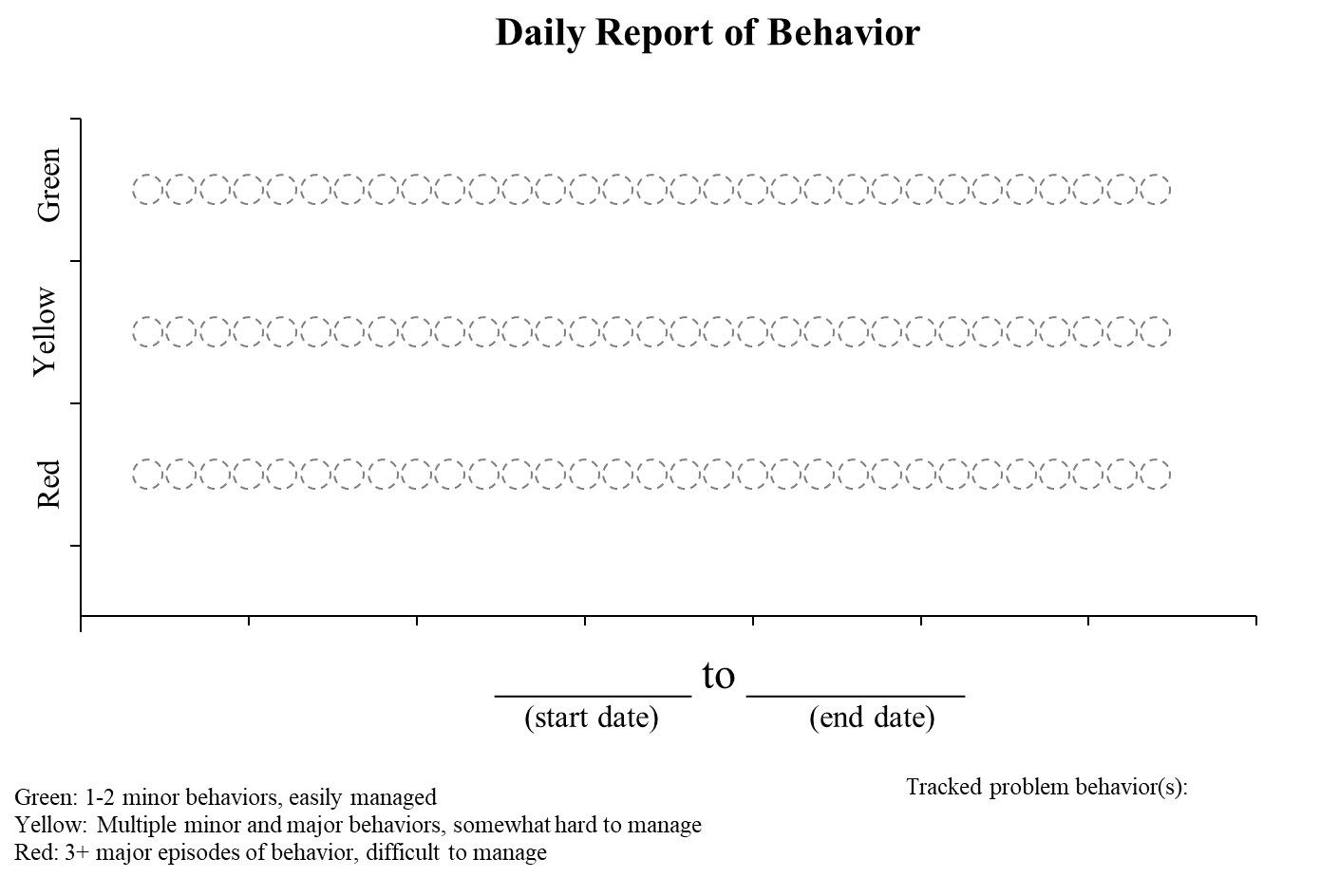
**Side Effects of Concern:**

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discuss the Green/Yellow/Red Graph with the Doctor:**

* “In the last \_\_\_\_ weeks, [insert child’s name] has had \_\_\_\_\_ **green days** and \_\_\_\_\_ **red days**.”

|  |  |
| --- | --- |
| What behaviors have ***improved***? | What behaviors have ***worsened***? |
|  |  |



|  |  |
| --- | --- |
| Green Days | 1 – 2 minor behaviors, easily managed, no major problem behavior |
| Yellow Days | multiple minor behaviors, somewhat hard to manage, and/or 1-2 major problem behaviors |
| Red Days | multiple minor behaviors, difficult to manage, and/or 3+ major episodes of behavior |

# APPOINTMENT WORKSHEET pg. 2

# MEDICATION CHANGES

|  |  |  |  |
| --- | --- | --- | --- |
| **Target Medication 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Current Dose: \_\_\_\_\_\_\_\_, \_\_\_\_\_\_ times per day* | | **Target Medication 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Current Dose: \_\_\_\_\_\_\_\_, \_\_\_\_\_\_ times per day* | |
| **Target Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Over the last \_\_\_\_ weeks, these target symptoms have:*  Increased  Decreased  Not Occurred  Maintained (Stayed the Same/No Change) | | **Target Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *Over the last \_\_\_\_ weeks, these target symptoms have:*  Increased  Decreased  Not Occurred  Maintained (Stayed the Same/No Change) | |
| 1. **"What behavior is this medication for?"**    * Medication 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    * Medication 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **"How long are we going to try this medication?"**     * Medication 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    * Medication 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **"What are possible side effects I should look out for?"**    * Medication 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    * Medication 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **"When would it be appropriate to try a period off of this medication?"**    * Medication 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    * Medication 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **"What behavior changes would you like to see before decreasing the dose or the amount of times (s)he takes it per day?"** *(if applicable)*    * Medication 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    * Medication 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Possible follow-up** (*Examples: if s(he) isn't in school, how can I evaluate if it's working? Can this medication interact with any other medications? Should s(he) be getting blood work while on this medication?)****:***

# NOTES:

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