APMRT
Alabama Psychiatric Medication Review Team
A Collaboration between
Auburn University Department of Psychology & AL-DHR

Medication Checklist

Date:
Prescriber Name:
Case Worker:

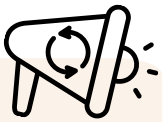
Medication Overview

What are the names?	How much and when should I take it?	Why am I taking this?	How will I know it's working?	What side effects should I look for?	How long will I take this before checking to see if I still need it?

Updates, Goals and Questions

Other medical concerns (check all that apply):

☐Anemia ☐Asthma ☐Autoimmune Disorder ☐Diabetes ☐Exposure to drugs/alcohol before birth ☐ High/Low Blood Pressure
☐Obesity ☐Seizures ☐Sleep Problems ☐Thyroid Disorder ☐Toileting Problems ☐ Tourette's



Updates:

- ☐ I'm currently getting help in the following ways (tutoring, 504 / IEP, independent living, counseling, etc.): _____
- ☐ In the last 3 months, these symptoms have improved (depression, temper, anxious thoughts, etc.): _____
- ☐ In the last 3 months, these symptoms have become worse (depression, temper, anxious thoughts, etc.): _____
- ☐ Some side effects I'm experiencing are: _____
- ☐ List any additional thoughts or concerns about your medications here. Then, discuss them with your prescriber.

_____

Goals:

- ☐ On a scale of 1-10, my satisfaction with my current medications are: 0 1 2 3 4 5 6 7 8 9 10
- ☐ Some things I would like to change about my medications are (decrease number of pills taken, get rid of pills for symptoms no longer an issue, etc.):

_____

  - ☐ What would you like to see from me before you're comfortable making any changes toward that goal? _____

Questions:

- ☐ What are my diagnoses? If I have multiple, which diagnoses are you considering the most with my medications? _____
  - ☐ List any concerns about your diagnoses here. Then, discuss them with your prescriber. (This doesn't have to be asked every time. If you do not know the answer, make sure to ask!)

_____

- ☐ Follow up questions ("should I get bloodwork?", "is there anything I should avoid eating or drinking with these medications?", etc.):
  - ☐ _____
  - ☐ _____