

# SCOTTSDALE MENTAL HEALTH & WELLNESS INSTITUTE

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

My physician and I discussed:

1. The nature of my mental condition that **may include** the following:

Depression/Sadness/Irritability Anxiety/Excessive Worry/Feeling nervous Sleeping problems Lack of interest/pleasure Thoughts of suicide Feelings of guilt Low energy Difficulty thinking, concentrating, remembering Labile moods/Mood swings	Paranoid thinking Hallucinations Delusional thinking
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2. The reasons that my physician has for prescribing the medication, including the likelihood of my condition improving or not improving without the medicine. You should start to notice some benefits of this medication within 1 to 2 weeks after initiation of therapy. If you have experienced no benefit after one month of treatment at the prescribed dose, contact your doctor. Maximum benefits usually seen after 6 weeks or more. This medicine must be taken for several weeks before its full benefits are felt. Do not stop taking the medication suddenly because you may experience dizziness, headache, nausea, sweating, increased heart rate or anxiety. If you are pregnant, or planning to get pregnant contact your prescriber immediately.
3. Reasonable alternative treatments available for my condition, including, but not limited to exercise (as allowed by your primary physician) and diet.
4. The type of medication that I will be receiving, the frequency and range of dosages, the method by which I will take the medication, and duration of such treatment. The side effects of these drugs, known to commonly occur, and any particular side effects likely to occur in my particular case.

Nausea, vomiting, diarrhea	Take with food. Consult with prescriber if it becomes bothersome
Dry mouth	Suck on sugarless gum or candy. Call your prescriber if your mouth feels dry for more than 2 weeks.
Constipation	Drink plenty of water and increase fiber in your diet.
Sleepiness	May want to take medication at bedtime
Decreased appetite	Consult with your prescriber
Fatigue	Try regular exercise
Sexual dysfunction	Reversible, consult your prescriber.
Sweating	Consult your prescriber
Dizziness	Get up slowly. Do not drive or operate machinery until you know how this medication affects you.
Headache	Talk to your prescriber.
Agitation, anxiety, nervousness	Typically, short-term as you adjust to the medicine. Contact provider if becomes persistent.
Flu-like symptoms	Report to prescriber if symptoms persist for longer than one week.
Weight gain	Increase your physical activities. Avoid foods high in fat and sugar. Consult your prescriber if you have excessive weight gain.
Increased blood sugar or cholest	Have your blood tested regularly (every 3-6 months) by your prescriber, especially if you have diabetes or heart problems.
Rare side effects may occur, in which situation you should call your prescriber immediately or go to the nearest emergency department	Extreme restlessness, suicidal thoughts, hallucinations, rash, muscle pain, or chills, skin yellowing, increased breast size or milk production, edema, blood pressure, bleeding, seizures, abnormal muscle or joint movements, difficulty speaking, swallowing or breathing, tremor or hair loss

I was given specific information about the recommended medication. I understand that this is only a partial listing of information, and I should discuss all my medical problems and any medication that I take with my physician(s) and my pharmacist(s). Prescribe agents my include the following:

- Antianxiety Agents (Xanax, Klonopin, Ativan...)
- Antidepressants (Zoloft, Paxil, Celexa, Lexapro, Wellbutrin, Cymbalta, Effexor...)
- Antipsychotics (Haldol, Zyprexa, Geodon, Risperdal, Seroquel...)
- Mood Stabilizer (Depakote, Lithium, Tegretol, Trileptal, Neurontin...)
- Psychostimulants (Adderall, Vyvanse, Concerta, Strattera, Ritalin...)
- Sedative/hypnotics (Vistaril, Trazodone, Remeron, Lunesta, Ambien...)
- And other psychoactive medications

I understand that these medications have FDA approvals, however, there are times when these medications are used off FDA label clinically.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

