For patients

Psychiatric medication history worksheet

This helps your next psychiatric visit go faster and be more accurate. Fill in what you can remember. Guesses are fine; the pattern matters more than perfect detail. Bring it to your evaluation.

Your name **Date of birth** **Today's date**

Current psychiatric medications

Everything you're taking right now for mood, anxiety, sleep, focus, or thoughts. Include over-the-counter and supplements you take specifically for mental health.

Medication	Dose	How often	Started (mo/yr)	Prescribed by

Past psychiatric medications you've tried

Anything you took for a mental-health reason and then stopped. What it was, roughly how long you took it, and roughly why you stopped. "Didn't help," "side effects too bad," "felt better and quit," or "can't remember why" are all valid answers.

Medication	Approx. dose	How long	Why stopped

Drug allergies or bad reactions

Notes for your clinician (anything else worth knowing)