

Medication review form

You have been asked to fill in this short questionnaire as you have been taking anti-depressants for at least one year. This will be reviewed, and if suitable your medications will be re-authorised for a further year. If, after filling in this form, your GP feels that you require further review then a telephone appointment will be booked for you.

Full Name:

Date of Birth:

Telephone number:

If you have had difficulties with depression then these questions will be helpful:

Over the last 2 weeks how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed or hopeless				

If you have had difficulties with anxiety then these questions will be helpful:

Over the last 2 weeks how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				

Are you happy with your current medication?

Are you experiencing any concerning side effects?

Would you like to continue the medication or discuss making a change?