

Antipsychotic Medication Review Form

Patient name:

Date:

Current antipsychotic medication I am on:

Other medication I am currently on:

Some factors you may want to think about:

Does my medication reduce my symptoms?

Are the side effects interfering with my life?

Does my medication prevent me from relapsing?

Which side effects bother me the most?

How bad are the side effects?

Which side effects can I put up with?

What I like about my antipsychotic medication **(the positive effects)**

What I do not like about my antipsychotic medication **(the negative effects)**

Comments and concerns about my medication:

What I would like discuss with my doctor:

Patient Signature :

Checklist of positive and negative side effects

Here are some possible positive and negative effects that you may experience due to your antipsychotic medication.

POSITIVE EFFECTS	NEGATIVE EFFECTS
<ul style="list-style-type: none">• Stops or reduces the voices.• Stops my hallucinations.• Reduces my unpleasant thoughts.• Helps me concentrate.• Helps me sleep.• Makes me feel calm.• Makes me worry less about things.• Makes me less likely to become unwell again.• Makes me less paranoid.• Makes me less depressed.• Makes my mood more steady.• Keeps my family and friends happy.• I take it because I am told to• Helps me with my benefits application.• Makes other people think it's a good thing that I take the medication.• Has a positive effect on my day to day living.• Improves my sex life.	<ul style="list-style-type: none">• Makes me sleepy• Makes me concentrate less• Makes my joints and muscles stiff• Increases my appetite.• Makes me put on weight.• Affects my movement.• Makes me less motivated to do things.• Flattens out my emotions.• Changes other people's attitudes towards me for the worse• Annoys my family or friends• Makes me feel depressed• Makes me feel anxious or tense.• Is not convenient• Affects my sex life in a negative way• Makes me restless• Has a negative effect on my day to day living.