



**WAKE**  
PSYCHIATRY

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LIST OF CURRENT MEDICATIONS

Patient Name \_\_\_\_\_

	Medication Name	Dosage	Frequency
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Have your current medications been helpful?      YES      NO

If no, please briefly elaborate \_\_\_\_\_

\_\_\_\_\_

Are there any side effects?      YES      NO

If yes, please briefly elaborate \_\_\_\_\_

\_\_\_\_\_