

HPA Medication Check Visit: Depression and Anxiety

Today’s Date:

Patient Name:

DOB:

Completed by (circle one): Patient Parent Both

Please help your doctor or nurse practitioner to understand how you are doing with your symptoms by answering these questions. We can then talk about them during our visit.

<u>How often do you have these symptoms:</u>	<u>Circle one response</u>		
Lots of aches and pains.....	Often	Sometimes	Not usually
Tired, little energy.....	Often	Sometimes	Not usually
Prefer to spend time alone.....	Often	Sometimes	Not usually
Missing school days.....	Often	Sometimes	Not usually
Trouble getting school work done.....	Often	Sometimes	Not usually
Grades lower in school.....	Often	Sometimes	Not usually
Cranky or irritable	Often	Sometimes	Not usually
Crying or sadness.....	Often	Sometimes	Not usually
Trouble showing feelings.....	Often	Sometimes	Not usually
Thoughts about hurting yourself.....	Often	Sometimes	Not usually
Not interested in time with friends.....	Often	Sometimes	Not usually
Trouble having fun/laughing/smiling	Often	Sometimes	Not usually
Trouble with eating.....	Often	Sometimes	Not usually
Trouble sleeping.....	Often	Sometimes	Not usually
Worrying too much.....	Often	Sometimes	Not usually
Feeling in a panic.....	Often	Sometimes	Not usually
Racing heartbeat without exercise.....	Often	Sometimes	Not usually
Hard to breathe/short of breath without exercise.....	Often	Sometimes	Not usually

Are you working with a therapist?

Who?

How often?

Is it helpful?

Are you taking your anxiety or depression medicine?

If not: why not?

If so: is it helping?

Are you having side effects?

Does this seem to be the right dose for you?

What other medicines do you take?

Are you using non-prescription products for your symptoms?

Are you being bullied?

Is there anything else you would like to talk about?