

Antidepressant Medication Management Tracking Tool

Patient Name: _____ DOB: _____ Practitioner: _____

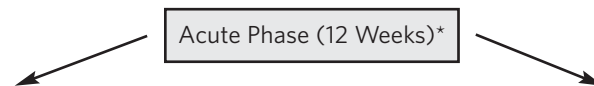
Diagnoses: 1) _____ 2) _____ 3) _____

Antidepressant(s): Information

Start Date: _____ Name: _____ Dose: _____

Start Date: _____ Name: _____ Dose: _____

Follow-up Visit Information:



	1	2	3	4	5
Visit Date:					
Patient taking antidepressant(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counsel on antidepressants?:	<input type="checkbox"/> Expectations <input type="checkbox"/> Side-effects <input type="checkbox"/> Length of treatment <input type="checkbox"/> Other:	<input type="checkbox"/> Expectations <input type="checkbox"/> Side-effects <input type="checkbox"/> Length of treatment <input type="checkbox"/> Other:	<input type="checkbox"/> Expectations <input type="checkbox"/> Side-effects <input type="checkbox"/> Length of treatment <input type="checkbox"/> Other:	<input type="checkbox"/> Expectations <input type="checkbox"/> Side-effects <input type="checkbox"/> Length of treatment <input type="checkbox"/> Other:	<input type="checkbox"/> Expectations <input type="checkbox"/> Side-effects <input type="checkbox"/> Length of treatment <input type="checkbox"/> Other:
Medication Adjustment:					
# weeks to follow-up in:					

**Appropriate antidepressant medication management consists of at least 3 follow-up visits within 12 weeks of initiating therapy and an adequate trial of medication for at least 6 months.*