

# List of Mental Health Medications

Organization/Practitioner's Name:

Date Updated:

## Patient Information

Name:

Date of Birth:

Patient ID:

Diagnosis:

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## Medication Log

Antidepressants

Medication Name	Dosage	Frequency	Start Date	End Date	Notes

Antipsychotics

Medication Name	Dosage	Frequency	Start Date	End Date	Notes

Mood Stabilizers

Medication Name	Dosage	Frequency	Start Date	End Date	Notes

Anxiolytics & Sedatives

Medication Name	Dosage	Frequency	Start Date	End Date	Notes

Stimulants

Medication Name	Dosage	Frequency	Start Date	End Date	Notes

Miscellaneous Medications

Medication Name	Dosage	Frequency	Start Date	End Date	Notes

**Special Instructions**

Allergies:

Special Considerations:

Dietary Restrictions:

**Monitoring and Follow-Up**

Next Appointment:

Lab Tests Required:

**Therapeutic Goals:**

**Comments/Adjustments:**

**Practitioner's Signature:**

**Date:**

**Patient's Acknowledgment:**

**Date:**

**Notes:**

- Please ensure to update this log as medications are added, changed, or discontinued.
- Discuss any concerns or side effects experienced with the medication promptly.
- Keep this log handy for all medical appointments and in case of emergency.