

## Medication List

Keep a record of *all* of your current medications, plus medications you have taken in the past for depression or related difficulties. Keep your list on hand when you visit your physician or other caregivers.

**Medication:** \_\_\_\_\_ Dose and time: \_\_\_\_\_

Prescribed by: \_\_\_\_\_ Starting date: \_\_\_\_\_

Effects and side effects: \_\_\_\_\_

Stopped taking (date): \_\_\_\_\_ because \_\_\_\_\_

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Prescribed by: \_\_\_\_\_ Starting date: \_\_\_\_\_

Effects and side effects: \_\_\_\_\_

Stopped taking (date): \_\_\_\_\_ because \_\_\_\_\_

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