

# Medication Tracking Sheet

## Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_ Date Started: \_ Allergies: \_\_\_\_\_ Pharmacy: \_\_\_\_\_  
Pharmacy Phone: \_\_\_\_\_

## Current Psychiatric Medications

Medication	Dose	Start Date	Schedule	Purpose	Prescriber

## Medication History

Medication	Dose	Start Date	End Date	Reason for Discontinuation	Side Effects	Effectiveness

## Medication Monitoring

### Vital Signs

Date	Weight	BMI	Blood Pressure	Heart Rate	Other

## Laboratory Monitoring

Test	Date	Result	Date	Result	Date	Result	Date	Result
CBC								
CMP								
LFTs								
TSH								
Lipid Panel								
HbA1c								
Medication Level								
Other								

## Side Effect Monitoring

Date	Medication	Side Effect	Severity (1-10)	Action Taken	Outcome

## Medication Response Tracking

Date	Medication	Symptom	Baseline Severity (1-10)	Current Severity (1-10)	Notes

## Medication Adherence

Date Range	Medication	Adherence (%)	Missed Doses	Reason for Missed Doses

Date Range	Medication	Adherence (%)	Missed Doses	Reason for Missed Doses

## Medication Refill Schedule

Medication	Quantity	Last Fill Date	Next Fill Due	Refills Remaining	Notes

## Special Monitoring Requirements

Medication	Monitoring Required	Frequency	Last Date	Next Due	Notes

## Notes