



Update Since Last Behavioral Health Appointment

Please fill out the following questionnaire prior to each medication monitoring appointment.

Patient name: _____ DOB: _____ Date: _____
Person completing this form: _____ Relationship to patient: _____
Current medication(s) and dose(s): _____
Therapist name: _____ Not currently _____ Not yet _____
School: _____ Grade: _____ 504 or _____ IEP _____
Private support/tutoring: No Yes

Overall how do you feel you or your child is doing?

- At goal
- Improved but needs to fine tune the following
- Not well

Are doses missed? Never Sometimes Often

Are you worried about any medication side effects?

- No
- I'm not worried, but we see the following side effect(s)
- Yes, I'm worried about

Please provide a brief update on the following areas:

- School:
- Homework:
- Extra-curricular activities:
- Social:
- Home:
- Appetite/Diet:
- Sleep:
- Mood:
- Safety:

Is there anything else you want to discuss at your appointment?

Are there any forms you would like your provider to fill out at this visit?

No Yes, I will submit them before or bring them to the appointment