

Medication Form

Please complete the survey below. Thank you!

Medication Form

Does your child routinely take any medications? This includes prescribed medications, supplements, vitamins, over the counter medications, etc.

- ☐ Yes
☐ No

Meds or No Meds

Are you here today for a psych visit (at Roberts Center) or an imaging visit (at CHOP Buerger center)?

- ☐ Psych Visit
☐ Imaging Visit

Medication 1

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking med?

Time of day medication is taken

Is the medication effective (does it help)?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness)?

- ☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

- ☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

Notes

Do you take any other medications?

☐ Yes
☐ No

Medication 2

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking the med?

Time of day medication is taken

Is the medication effective (does it help?)

☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness?)

☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

Notes

Do you take any other medications?

☐ Yes
☐ No

Medication 3

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking med?

Time of day medication is taken

Is the medication effective (does it help?)

☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness)?

☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

Notes

Do you take any other medications?

☐ Yes
☐ No

Medication 4

Medication

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking med?

Time of day medication is taken

Is the medication effective (does it help)?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness)?

- ☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

- ☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date] When was the
medication last taken?

(Click on the calendar icon to select a date and time.)

Notes

Do you take any other medications?

- ☐ Yes
☐ No

Medication 5

Medication

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking med?

Time of day medication is taken

Is the medication effective (does it help)?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness)?

- ☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

- ☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

Notes

Do you take any other medications?

- ☐ Yes
☐ No

Medication 6

Medication

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking med?

Time of day medication is taken

Is the medication effective (does it help)?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness)?

- ☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

- ☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

Notes

Do you take any other medications?

- ☐ Yes
☐ No

Medication 7

Medication

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking med?

Time of day medication is taken

Is the medication effective (does it help)?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness)?

- ☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

- ☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

Notes

Do you take any other medications?

- ☐ Yes
☐ No

Medication 8

Medication

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking med?

Time of day medication is taken

Is the medication effective (does it help)?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness)?

- ☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

- ☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

Notes

Do you take any other medications?

- ☐ Yes
☐ No

Medication 9

Medication

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking med?

Time of day medication is taken

Is the medication effective (does it help)?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness)?

- ☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

- ☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

Do you take any other medications?

- ☐ Yes
☐ No

Notes

Medication 10

Medication

Dose

Reason for taking med

Side Effects

(If there are no side effects, please type out "None")

How long have you been taking med?

Time of day medication is taken

Is the medication effective (does it help)?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication sedating?

- ☐ Yes
☐ No
☐ Don't Know

Is the medication activating (to alertness)?

- ☐ Yes
☐ No
☐ Don't Know

Can 1 or 2 doses be missed without risk to health?

- ☐ Yes
☐ No
☐ Don't Know

Side effects if dose missed

(If there are no side effects, please type out "None")

PSYCH VISIT: [par_info_psych_visit]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

IMAGING VISIT: [par_info_meg_date]
When was the medication last taken?

(Click on the calendar icon to select a date and time.)

Notes

Reason for data missing on form?

- ☐ Not administered
- ☐ Invalid
- ☐ Incomplete
- ☐ Collected but not entered
- ☐ Missing