

ANTIDEPRESSANT MONITORING TOOL

NAME: _____ Age: _____ Informant: _____

ANTIDEPRESSANT: _____ Psych. Dx: _____

Medical Dx/Concerns: _____

Other Medications	

◎ TARGET SYMPTOMS (rate over past week)	* RATING 0-3		◎ TARGET SYMPTOMS (rate over past week)	* RATING 0-3	
	Patient	Informant		Patient	Informant

SIDE EFFECTS (SE) OVER THE PAST WEEK:

PATIENT REPORT: _____

* SE RATING	0	1	2	3	* SE RATING	0	1	2	3	* SE RATING	0	1	2	3
Nausea					Feeling Unsteady					Sleep Problems				
Vomiting					Dizziness / Faint					Feel Tense / Nervous				
Change in Appetite					Tremor					Restlessness/Agitation				
Change In Weight					Confused/disoriented					↑ Hyper / Excitable				
Stomach Pain					Foggy Head/Spaced Out					↑ Irritability				
Diarrhea					Heart Beating Fast					Hostility				
Constipation					Heart Pounding					↑ Mood Swings				
Dry Mouth					Numbness / Tingling					↑ Suicidal Ideation				
Blurred Vision					Leg Spasms At Night					Trouble Urinating				
Headaches					↑ Sweating					↓ Interest In Sex				
Daytime Drowsiness					Skin Rash					Erectile Problem				
Muscle Weakness					Fatigue / Lethargy					↓ Orgasm/Ejaculation				

Notes:

* SAFETY	YES	NO	* SAFETY	YES	NO	* SAFETY	YES	NO
Non-compliance			Suicide Ideation			Self Harm Behavior		
Insight			Suicide Intent			Aggression		
Substance Use			Suicide Plan			Risk Behavior		

Notes:

* Symptom Rating: 0 = Absent 1 = Present / not problematic 2 = Problematic / Ø impairment 3 = Problematic / + impairment

PHYSICAL EXAM: Weight: _____ Height: _____ HR: _____ BP: _____

CLINICAL CHANGE RATING	Rate change since last assessment based on patient, informant and clinician impression (-2 to +2) -2: much worse -1: little worse 0: no change +1: little better +2: much better																			
	DOMAIN					PATIENT RATING					INFORMANT RATING					CLINICIAN RATING				
SYMPTOMS	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2
SIDE EFFECTS	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2
SCHOOL/WORK FUNCTION	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2
FAMILY FUNCTION	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2
PEER FUNCTION	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2
RECREATION FUNCTION	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2
SAFETY	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2
SUMMARY (since last assessment)	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2
OVERALL IMPROVEMENT RATING:	Patient/Informant/Clinician Overall Rating Since Initiation of Intervention or Mental Health Contact:																			
	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2	-2	-1	0	+1	+2

Notes: _____

Plan: _____

PRESCRIPTION: _____ # Refills _____

Pharmacy tele: _____ F/U: DATE/TIME: _____

ASSESSMENT COMPLETED BY: _____ DATE: _____

Signature: _____