NEXT STEP
PEDIATRICS
Infancy through Adolescence

Anxiety/Depression Medication Monitoring

Medication(s) & Strength: _____

_____

_____

Time taken: _____

Side Effects	Y/N	Explain
Insomnia		
Appetite loss / stomachache		

Overall impression of progress: _____

_____

_____

_____

_____

If treating anxiety

Date of last panic attack: _____

If treating depression

Rate your overall mood for MOST days:

0	1	2	3	4	5	6	7	8	9	10
terrible					neutral					great

Next med check on or **BEFORE**: _____

Notes:

_____

_____