

CHILD PSYCHIATRIC MEDICATIONS

If your child has ever taken any of the following medications, please indicate whether he/she is taking the medication now or in the past, the dosage, response, and if he/she experienced or is experiencing any side effects.

Medication/Tx Name:	Dose (mg)	Current?	Dates Used	Effective?	Side Effects	Why stopped?
		Y / N		Y / N / Some		
		Y / N		Y / N / Some		
		Y / N		Y / N / Some		
		Y / N		Y / N / Some		
		Y / N		Y / N / Some		
		Y / N		Y / N / Some		
		Y / N		Y / N / Some		