



Behavioral Health and Education Specialists

Psychiatric Follow-Up Form

Patient Name:		Date:	
Provider Name:		Date Of Birth:	

1. **List any non-psychiatric medication changes (medications started or stopped) since your last session (all tablets, patches, drops, ointments, injections, etc. Include prescription, over-the-counter, herbal, vitamin and diet supplements. Also, list any medications you take only on occasion (such as Viagra, Albuterol, Nitroglycerin, etc):**

None

Medication Name	Date Started	Date Stopped

2. **List any new medical conditions you have been diagnosed with or been treated for since your last session:**

None
