

## **You and Psychiatric Medications**

Medication can be an important part of treatment for some psychiatric disorders in adolescents. Patients should be provided with complete information when medication is part of their plan of treatment. Consistent evaluation and monitoring of the medication by a physician is also necessary. You, as a patient, need to be fully informed about medications. You should be included in discussions about your medications.

Included in this brochure are some questions regarding your medications. You should ask your physician or pharmacist these questions before you start taking psychiatric medication.

If you still have serious questions or doubts about medication treatment, you should feel free to ask for a second opinion.

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AA/ADA/EOE

**Nebraska Federation of Families for Children's Mental Health**

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UNIVERSITY OF  
**Nebraska**  
PUBLIC POLICY CENTER

Nebraska Federation of Families  
for Children's Mental Health

## **Adolescents and Psychiatric Medications**



University of Nebraska Public Policy Center  
State of Nebraska Medicaid



## Questions to consider asking your physician or pharmacist...

### General:

1. For what am I being treated?  
\_\_\_\_\_
2. How will this medication help me?  
\_\_\_\_\_  
\_\_\_\_\_
3. What is the name of the medication?  
\_\_\_\_\_  
\_\_\_\_\_
4. What other names might this medication have? \_\_\_\_\_  
Does it have a generic? \_\_\_\_\_
5. What is the cost of the medication (generic vs. brand name)? \_\_\_\_\_
6. What are the common side effects?  
\_\_\_\_\_  
\_\_\_\_\_

### Dosage:

1. What dosage will I be taking?  
\_\_\_\_\_
2. How often should I take the medication?  
\_\_\_\_\_
3. Should it be taken with food or on an empty stomach? \_\_\_\_\_
4. Are there dietary restrictions or other medications (prescription or over the counter) that should be avoided?  
\_\_\_\_\_  
\_\_\_\_\_

### Medical:

1. How long before I see improvements?  
\_\_\_\_\_
2. Will I experience temporary changes while adjusting to the medication?  
\_\_\_\_\_
3. What do I do if a problem develops (if I become ill, doses are missed, or side effects develop)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is this medication addictive? \_\_\_\_\_
5. Can it be abused? \_\_\_\_\_
6. Are there any warning signs of abuse of the drug? \_\_\_\_\_
7. Are there tests that need to be done before beginning to take the medication?  
\_\_\_\_\_ If yes, what tests? \_\_\_\_\_
8. Will tests need to be done while on the medication? \_\_\_\_\_ If yes, what tests? \_\_\_\_\_  
\_\_\_\_\_
9. How will the medication be monitored and how often? \_\_\_\_\_  
\_\_\_\_\_
10. How often should I refill the medication? \_\_\_\_\_ Is a new written prescription needed? \_\_\_\_\_
11. Does this medication require a hand-written

prescription or is it refillable by phone or fax? \_\_\_\_\_

12. Who needs to give out the medication?  
\_\_\_\_\_
13. Where does the medicine need to be kept (securely)? \_\_\_\_\_
14. How long will I be on the medication?  
\_\_\_\_\_  
\_\_\_\_\_
15. How will the medication be discontinued?  
\_\_\_\_\_  
\_\_\_\_\_
16. When do I need to come in again to check on the medicine? \_\_\_\_\_



**For more information, contact:**  
**State of Nebraska Medicaid Office:**  
<http://www.dhhs.ne.gov>  
**(402) 471-3121**  
**Nebraska Federation of Families for**  
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**(402) 441-4369**