Hamzavi Psychiatry and Wellness Center PLLC
74 W. Long Lake Rd. Suite 100, Bloomfield Hills, MI 48304
Phone: (248)-731-7458 Fax: (248)-731-7749
www.hamzavipsychiatry.com

MEDICATION REVIEW

Your questions and concerns are important to us! Please complete this form to focus our session.

Patient name (name of anyone joining you):_____

Date of Visit: _____

Names of ALL Current Medications	Dose (mg)	Frequency (ie. Bedtime only)	Is Dr. Hamzavi the prescriber?	Refills Needed?	90 Day Supply?

- Pharmacy Name and Address for refills today:_____
- Do you forget to take your medication? How often? (# days/week): _____
- Are you having any **side effects**? If yes, how long have you noticed them? _____

  _____
- Please rate your **mood** today (1, worst to 10, best) _____ **anxiety**? (10 being worst)_____
- How many hours do you **sleep** at night? _____ Do you feel rested when you wake? _____
- Have you had any alcohol/marijuana/other drugs in the last 30 days?_____
- Have there been any changes in your medical history since your last visit? Yes _____ No _____
- **Please list up to 3 items you would like to discuss today, in order of importance:** (if you need more than your scheduled appointment, you may be asked to return to ensure all areas are addressed).
  1. _____
  2. _____
  3. _____

***Please notify staff of any insurance or contact information changes**