

ADULT - REQUEST FOR PRESCRIPTION REFILLS

IMPORTANT: If you have any concerns about side effects, dosage, management, etc., do **NOT** use this form.
 Instead, call the nurse 206-275-0703 for phone consultation.

Patient's Name _____ Birth date _____ Today's date: _____

Contact person _____ Daytime phone number(s) _____

Please respond to ALL the following questions:

	medication name	dosage	# of tablets/capsules for each dose			mail-order pharmacy
			morning	afternoon	evening	
1. Medication(s) refill being requested until next appointment	a) _____	_____	_____	_____	_____	<input type="checkbox"/>
	b) _____	_____	_____	_____	_____	<input type="checkbox"/>
	c) _____	_____	_____	_____	_____	<input type="checkbox"/>
2. Other medication(s) the patient is also taking	a) _____	_____	_____	_____	_____	
	b) _____	_____	_____	_____	_____	
	c) _____	_____	_____	_____	_____	

If you wish to have your medication called to a pharmacy, please provide pharmacy name and phone number (Schedule II stimulant medications can not be called in): _____

3. Current problems:

- | | | |
|--|---|---|
| Yes No | Yes No | Yes No |
| <input type="checkbox"/> Weight loss/appetite loss | <input type="checkbox"/> Fearfulness/phobias | <input type="checkbox"/> Headaches/stomach aches |
| <input type="checkbox"/> Difficulty getting to sleep | <input type="checkbox"/> Social withdrawal/loss of spark | <input type="checkbox"/> Tics and/or nervous habits |
| <input type="checkbox"/> Irritability and/or anger | <input type="checkbox"/> Anxiety <input type="checkbox"/> Daytime fatigue/tiredness | |
| <input type="checkbox"/> Depression/sadness | | |

4. If you answered yes to any of the above, please describe how often and when the side effects occurred.

5. How is your attentiveness, follow through, and organization in the workplace? School?

6. How are your interactions with friends? Family?

7. How is your productivity? Procrastination?

8. Does the medication seem to be as effective now as noted previously?

9. When is your next follow-up appointment? Please call and schedule an appointment before sending this request.

Signature _____

Additional comments can be made on back. **This space is for office use only.**

**Allow 2 business days to process.
 There will be a \$25 charge for immediate refills.**

call when ready for pick-up
 mail: PLEASE ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE (unless faxing)