

Date _____

Drug / Medication

Advantages

Disadvantages

Other medication I could take

How it makes me feel

Who to contact.

Rethink Mental Illness
Springfield Advocacy Service
Rooms 11 and 12
Building 3
Springfield Hospital
61 Glenburnie Road
Tooting
London SW17 7DJ

Telephone 0203 513 6739



**Leading the way to a better
quality of life for everyone
affected by severe mental illness.**

For further information
on Rethink Mental Illness
Phone 0300 5000 927
Email info@rethink.org

www.rethink.org

Registered in England Number 1227970. Registered Charity Number 271028. Registered Office 89 Albert Embankment, London, SE1 7TP. Rethink Mental Illness is the operating name of National Schizophrenia Fellowship, a company limited by guarantee. © Rethink Mental Illness 2011.

**Know your
prescription
medication.**

**You have a say in
your treatment.**

Use this form to keep a record of your treatment. If you are concerned about your medication and how it makes you feel, talk to your doctor.

Knowing the potential effects of the medication you are taking helps you to be an active partner in your own health care.

Take this to your team and ask them to help you fill it out.

Other sources of information and advice

Information on individual medicines, illness and medicines comparison charts
www.choiceandmedication.org/swlstg-tr

NHS choices website on medicines
www.nhs.uk/medicine-guides/pages/default.aspx

Leaflets provided by medicines' manufacturers
www.emc.medicines.org.uk

Medicines information leaflets are readily available in 10 different languages from your Mental Health Team or Mental Health Pharmacist.

South West London Mental Health Pharmacists
Telephone 0203 513 6829
Email medinfo@swlstg-tr.nhs.uk

Rethink Mental Illness produce factsheets on a range of medications
www.rethink.org/factsheets

Your Rethink Mental Illness advocate can look up details about your medication on your behalf.

Name _____

Date _____

Drug / Medication

Advantages

Disadvantages

Other medication I could take

How it makes me feel

Date _____

Drug / Medication

Advantages

Disadvantages

Other medication I could take

How it makes me feel

