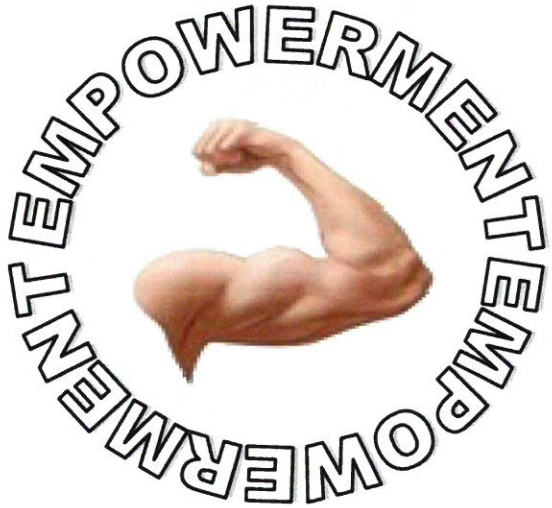
DIGNITY + RESPECT =

EMPOWERMENT



Empowerment

Are you Prepared?

Do you have a phone?
Be ready at your next doctor's visit.
Save your medication information in your phone!

ASK ME!

Respect my needs!

Save As: I.C.E-MEDS

Information in Case of Emergency Medication

Type Information in your phone:

- Date of Entry
- Medication
- Dosage
- Frequency
- Name of psychiatrist/Phone #

I know my symptoms

I know my side-effects

Revised 4/14

My Medication Questions

What are the names of the medications and what are they supposed to do?
What are the chances of getting better with this treatment?
How will I know if the medicine is working or not working?
How and when do I take it? When do I stop taking it?
How long will I have to take the medicine?
Can I take this medication if I am planning to have a baby soon?
What foods, drinks, other medications or activities should I avoid while taking this medicine? Can I have beer, wine or other alcoholic drinks?
What are the side effects and what should I do if they occur?
What should I do if I miss a dose?
Will this medication affect my sleep, ability to drive or operate equipment, sex life, appetite, etc.?

Empowerment

Preparing for Your Next Doctor's Visit

My next appointment: _____

1. Reason for your visit: _____

2. Describe your symptoms: _____

Symptoms	When did it start?	How often is the symptom occurring	Rate your symptom + -

Preparing for your Psychiatrist Visit

My next appointment: _____

Tell the psychiatrist how I am doing since the last visit:
Tell the doctor how the medications are working for me:
Do I have any problems with the medications? (Any reactions/side effects) (SI/HI)
How often do I take the medication:
Do I have any other problems? (Medical):
Do I have any social service needs?:

Preparing to See Your Case Manager

My next appointment: _____

What brings you here today?
INCOME: ☐ No Need If needed, please describe:
FOOD: ☐ No Need If needed, please describe:
HOUSING: ☐ No Need If needed, please describe:
MEDICAL CARE: ☐ No Need If needed, please describe:
EDUCATION: ☐ No Need If needed, please describe: