11.1

WORKSHEET · CHAPTER 11

The prescriber conversation sheet

Written before you go, and handed over. Every decision belongs to you and a prescriber.

1. WHAT I'D LIKE HELP WITH

Starting work in the morning. Not losing whole evenings. Fewer meltdowns.

2. WHAT I'VE TRIED

MEDICINE, OR SOMETHING ELSE	WHAT HAPPENED	WHY I STOPPED

3. EVERYTHING I TAKE

Every medicine and supplement, and anything else regularly: caffeine, nicotine, alcohol, cannabis. Honesty here keeps you safe.

4. MY BODY

☐ Heart or blood-pressure history ☐ Pregnancy, or plans

Sleep and appetite

5. MY SENSORY NEEDS

Pills hard to swallow? Tastes or textures? Other forms exist.

6. HOW I FIND IT HARD TO REPORT

I find feelings hard to name, so I've brought notes.

7. MY QUESTIONS

- ☐ Could we start low and go slow?
- ☐ What should I watch for in the first weeks, on both sides of me?
- ☐ Could a sleep problem be part of this?
- ☐ What happens if it doesn't suit me?
- ☐ When will we review it?

NOTES FROM THE APPOINTMENT

On a bad day: just the goals. Two lines, handed over.