

# Medication Assessment

File N° : \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Sexe: M F

## Important

Don't forget to bring with you a complete (and recently updated) list of all the medications you are taking.

→ To be completed on the morning of your test

Please list any medications you usually take that affect wakefulness during the day.

Examples:

- Psychostimulants (Alertec, Ritalin)
- Narcotics (pain)
- Anti-depressants (depression)
- Anxiolitics (anxiety)
- Antihistamines (Benadryl, Atarax)
- Antihypertensives (Catapres,  $\beta$ -blocker)
- Other (Neurontin, etc.)

Medication name	Date last taken
Medication 1	
Medication 2	
Medication 3	
Medication 4	
Medication 5	
Medication 6	
Medication 7	
Medication 8	
Medication 9	
Medication 10	
Medication 11	
Medication 12	
Medication 13	
Medication 14	
Medication 15	
Medication 16	
Medication 17	
Medication 18	
Medication 19	
Medication 20	

Please use another sheet if you need more space.