

MEDICATION REVIEW PREPARATION SHEET

Fill this in before your appointment, so we can make the most of your time together.

If a weight-management medication has not worked as you hoped, that does not mean you have failed. People respond differently, and a review is a good starting point. Complete what you can. Leave blank anything you do not know.

About your medication	Your notes
What you were prescribed (name)	
Dose, and any changes to it	
Start date, and stop date if you have stopped	
Who prescribed it	
Any side effects	

What happened	Tick or describe
☐ Limited weight loss	☐ Weight loss stalled
☐ Side effects made it hard to continue	☐ Weight returned after stopping
☐ Something else: _____	

What else was going on	Your notes
Sleep and stress	
Other medications you were taking	
Eating patterns and activity	
Support you had (GP, dietitian, exercise physiologist, psychologist, family)	
What you hoped for	
What you would like to ask	

For your own notes, to bring to your review. Please do not stop or change any medication without talking to your doctor.