# Checking side effects from antipsychotic medicines

East London NHS Foundation Trust

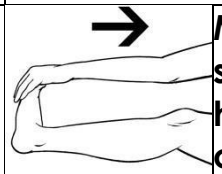
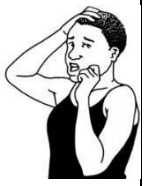
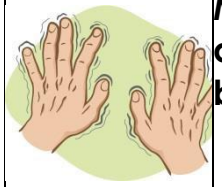
| | |
|---|---|
| Name…… | Date …… |

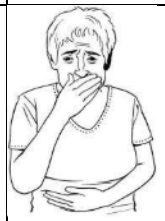
We want to find out if the medicines you take are making you unwell. We call this side effects.

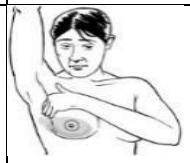
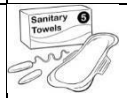
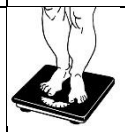
Please fill the form out as well as you can and bring it to your next appointment with your community Learning Disability team.

All you need to do is tick Yes or No. You can ask someone to support you to fill in the form.

If you don't know the answer, don't worry! We can talk about it when we see you.

| Side Effect | | Yes | No | Side Effect | | Yes | No |
|---|---|---|---|---|---|---|---|
|  | I feel more sleepy during the day | | |  | My muscles sometimes have a twitch or feel tight | | |
|  | I feel spaced out | | |  | My hands or arms have been shaky | | |

| Side Effect | | Yes | No | Side Effect | | Yes | No |
|---|---|---|---|---|---|---|---|
|  | I have felt dizzy when I stood up | | |  | I have problems sitting still | | |
|  | I have felt my heart beat faster | | |  | I find it difficult to have a wee | | |
|  | I dribble sometimes | | |  | I have felt sick.<br>I have vomited | | |
|  | My walking has been slower | | |  | I find it difficult to have a poo | | |
|  | My face or body has a twitch | | |  | I have been going for a wee more often | | |
|  | My mouth feels very dry | | |  | I have felt more thirsty | | |

| Side Effect | | Yes | No | Side Effect | | Yes | No |
|---|---|---|---|---|---|---|---|
|  | My vision is blurry | | |  | I have wet the bed | | |
|  | I have noticed fluid coming from my nipples | | |  | My nipples feel sore and swollen | | |
|  | I have had problems enjoying sex | | |   | **Women only:** I have noticed a change in my periods | | |
|  | **Men only** I have had problems getting an erection | | |  | **Men and women:** I have been putting on weight | | |
|  | **Have you had problems swallowing your medicine?** Yes ☐ No ☐ | | | | | | |

**If there is anything else you would like to tell us, you can make a note here to help you remember. Thank you for filling out this form – see you soon!**

## Notes for my meeting with the community Learning Disability Team: