

# Your Treatment Schedule

**1** | Start taking medication on: \_\_\_\_\_  
Enter date and time.

**2** | Take your medication according to the following schedule:

	Time of day	Capsule strength	# of capsules per dose
STARTING SCHEDULE			

**3** | Next scheduled appointment is on: \_\_\_\_\_  
Enter date and time.

**4** | If questions or concerns arise, contact:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Tips to keep top of mind:

- ✓ Write down when you take your medication, how much you take, and how your body responds to treatment in the [Treatment Journal](#).
- ✓ Check in with your healthcare provider 1 to 3 days after starting treatment.
- ✓ Tell your healthcare provider about any symptoms you experience, especially if you notice “off” time (when your medication has worn off and the motor symptoms of Parkinson’s return), a delay in “on” time, or dyskinesia (involuntary muscle movements).
- ✓ Never change your dose or stop taking your medication unless directed to by your healthcare provider.

**If you are not getting the response you’d hoped for, or if you experience any side effects, don’t wait until your next appointment. Call your healthcare provider right away.**