



**Quick Fit Check (Memantine Protocol)**

- ☐ I can attend all required in-person appointments, especially during the early phase.
- ☐ I can use Bernie's Pharmacy for this protocol.
- ☐ I am willing to transfer all psychiatric medication management to Dr. Hjellen during the one-year protocol.
- ☐ A parent/caregiver can complete required forms and tracking tools on time.
- ☐ I can commit to close monitoring and will communicate changes promptly.

**If any of the following are true, this protocol is not a good fit right now:**

- ☐ I need telehealth instead of in-person visits during this first year of treatment.
- ☐ I need to use a different pharmacy or mail-order service.
- ☐ I need another prescriber to continue making medication changes during the trial.
- ☐ I cannot always commit to attend these appointments or complete the required tracking forms.