



Medication List (Meds)

Patient: _____

DOB: _____

CURRENT MEDICATIONS

List <u>ALL</u> CURRENT Medications you are taking.	Reason for medication	Dosage	How Long?	Does it help?	What kind of side effects?

Tried & Failed Medications

(SSRI) Selective Serotonin Reuptake Inhibitors	Medications		Dosage	How Long?	Did it help?	What kind of side effects?
	Current	Past				
Prozac (Fluoxetine)						
Zoloft (Sertraline)						
Paxil (paroxetine)						
Celexa (Citalopram)						
Lexapro (Escitalopram)						
Desyrel (Trazadone)						
Viibryd (Vilazodone)						
(SNRI) Serotonin & Norepinephrine Reuptake Inhibitors	Medications		Dosage	How Long?	Did it help?	What kind of side effects?
	Current	Past				
Effexor (Venlafaxine)						
Cymbalta (Duloxetine)						
Luvox (Fluvoxamine)						
Wellbutrin (Bupropion)						
Remeron (Mirtazapine)						
Serzone (Nefazodone)						
Pamelor (Nortrptyline)						
Tofranil (Imipramine)						
Pristiq (Desvenlafaxin)						
Adapin (Doxepin)						



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Tried & Failed Medications

(TCA) Tricyclic Antidepressants	Medications		Dosage	How Long?	Did it help?	What kind of side effects?
	Current	Past				
Elavil (Amitriptyline)						
Anafranil (Clomipramine)						
Asendin (Amoxapine)						
Ludiomil (Maprotiline)						
Norpramin (Desipramine)						
Surmontil (Trimipramine)						
Vivactil (Protriptyline)						
Sedative / Hypnotics	Medications		Dosage	How Long?	Did it help?	What kind of side effects?
	Current	Past				
Ambien (Zolpidem)						
Sonata (Zaleplon)						
Restoril (Temazepam)						
Rozerem (Ramelteon)						
Antipsychotics / Mood Stabilizer	Medications		Dosage	How Long?	Did it help?	What kind of side effects?
	Current	Past				
Seroquel (Quetiapine)						
Zyprexa (Olanzapine)						
Geadon (Ziprasidone)						
Abilify (Aripiprazole)						
Clozaril (Clozapine)						
Haldol (Haloperidol)						
Prolixin (Fluphenazine)						
Anti-Anxiety Medications	Medications		Dosage	How Long?	Did it help?	What kind of side effects?
	Current	Past				
Xanax (Alprazolam)						
Ativan (Lorazepam)						
Klonopin (Clonazepam)						
Valium (Diazepam)						
Tranxene (Clorazepate)						
Buspar (Buspirone)						

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Tried & Failed Medications

ADHD Medications Non-Stimulants	Medications		Dosage	How Long?	Did it help?	What kind of side effects?
	Current	Past				
Atomoxetine (Strattera)						
Viloxzine (Qelbree)						

Alpha-2 agonists (Often used for ADHD)

Guanfacine (Intuniv)						
Clonidine (Kapvay)						

ADHD Stimulant Amphetamine-Based	Medications		Dosage	How Long?	Did it help?	What kind of side effects?
	Current	Past				
Lisdexamfetamine (Vyvanse)						
Adderall, Adderall XR						
Dexedrine (Zenzedi)						

Methylphenidate-Base Stimulants

Concerta						
Ritalin						
Focalin, Focalin XR						

[illegible]



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MEDICATION REACTION (Allergies / Adverse Reactions)

List all medications you've had an allergy / adverse reaction

Medication	Allergy / Adverse Reaction

1. Have you experienced an inadequate response with an adequate trial of any of the following augmentation therapies during the current depressive episode? **(Check all that apply and list how long tried?)**

Yes - Two antidepressants with different mechanisms of action used together

***Two antidepressants that affect your body differently

_____ weeks _____ months _____ years

Yes - An antidepressant and a second-generation antipsychotic used together

_____ weeks _____ months _____ years

Yes - An antidepressant and lithium used together

_____ weeks _____ months _____ years

Yes - An antidepressant and thyroid hormone used together

_____ weeks _____ months _____ years

Yes - An antidepressant and buspirone used together

_____ weeks _____ months _____ years

Other

_____ weeks _____ months _____ years

No

2. Have you experienced an inadequate response to an adequate trial of evidenced based psychotherapy (e.g. cognitive behavioral therapy) during the current depressive episode?

***Psychotherapy - (also called talk therapy) refers to a variety of treatments that aim to help a person identify and change troubling emotions, thoughts, and behaviors. Most psychotherapy takes place one-on-one with a licensed mental health professional or with other patients in a group setting.

Yes

No

Note: _____

SIGNATURE

Signature of person completing form

Name

Signature

Date