

Date: _____

Name _____

DOB: __/__/____

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List of Medications

Antidepressants

Medication (circle- if apply)	4 weeks or more	Maximum Daily Dose	Approximate dates of use?	Effective Y/N	Side Effects Y- describe / N
CELEXA Citalopram	20 mg – YES or NO		__/__/__ -- __/__/__		
LEXAPRO Escitalopram	10 mg -YES or NO		__/__/__ -- __/__/__		
PROZAC Fluoxetine	20 mg -YES or NO		__/__/__ -- __/__/__		
LUVOX Fluvoxamine	200 mg -YES or NO		__/__/__ -- __/__/__		
PAXIL Paroxetine	20 mg – YES or NO		__/__/__ -- __/__/__		
PAXIL CR Paroxetine CR	25 mg -YES or NO		__/__/__ -- __/__/__		
ZOLOFT Sertraline	100 mg -YES or NO		__/__/__ -- __/__/__		
CYMBALTA Duloxetine	40 mg -YES or NO		__/__/__ -- __/__/__		
EFFEXOR Venlafaxine	225 mg – YES or NO		__/__/__ -- __/__/__		
PRISTIQ Desvenlafaxine	50 mg – YES or NO		__/__/__ -- __/__/__		
FETZIMA Levomilnacipran	40 mg – YES or NO		__/__/__ -- __/__/__		
WELLBUTRIN Bupropion	300 mg – YES or NO		__/__/__ -- __/__/__		
REMERON Mirtazapine	15 mg – YES or NO		__/__/__ -- __/__/__		
TRINTELLIX Vortioxetine	5 mg – YES or NO		__/__/__ -- __/__/__		
VIIBRYD Vilazodone	40 mg – YES or NO		__/__/__ -- __/__/__		
SERZONE Nefazodone	300 – YES or NO		__/__/__ -- __/__/__		
ASENDIN Amoxapine	400 mg – YES or NO		__/__/__ -- __/__/__		
ELAVIL, ENDEP Amitriptyline	200 mg – YES or NO		__/__/__ -- __/__/__		
TOFRANIL Impramine	200 mg – YES or NO		__/__/__ -- __/__/__		

NORPRAMIN Desipramine	200 mg – YES or NO		___/___ -- ___/___		
SURMONTIL Trimipramine	200 mg – YES or NO		___/___ -- ___/___		
ANAFRANIL Clomipramine	200 mg – YES or NO		___/___ -- ___/___		
LUDIOMIL Maprotiline	200 mg – YES or NO		___/___ -- ___/___		
SINEQUAN Doxepin	200 mg – YES or NO		___/___ -- ___/___		
PAMELOR Nortriptyline	75 mg – YES or NO		___/___ -- ___/___		
VIVACTIL Protriptyline	40 mg – YES or NO		___/___ -- ___/___		

Antidepressant					
Medication (circle- if apply)	4 weeks or more	Maximum Daily Dose	Approximate dates of use?	Effective Y/N	Side Effects Y- describe / N
SAVELLA Milnacipran	100 mg – YES or NO		___/___ -- ___/___		
NARDIL Phenelzine	60 mg – YES or NO		___/___ -- ___/___		
ELDEPRYL Selegiline	40 mg – YES or NO		___/___ -- ___/___		
EMSAM Selegiline transdermal patch	6 mg – YES or NO		___/___ -- ___/___		
PARNATE Tranlycypromine	40 mg – YES or NO		___/___ -- ___/___		
MARPLAN Isocarboxazid	40 mg – YES or NO		___/___ -- ___/___		
<u>AUGUMENTATION</u>					
ABILIFY Aripiprazole	2 mg – YES or NO		___/___ -- ___/___		
ZYPREXA Olanzapine	5 mg – YES or NO		___/___ -- ___/___		
SYMBYAX:	6 + 25 mg – YES or NO		___/___ -- ___/___		
SERQUEL Quetiapine	150 mg – YES or NO		___/___ -- ___/___		
RISPERDAL Risperidone	2 mg – YES or NO		___/___ -- ___/___		
LATUDA Lurasidone	40 mg – YES or NO		___/___ -- ___/___		
GEODON Ziprasidone	80 mg – YES or NO		___/___ -- ___/___		
VRAYLAR Cariprazine	1.5 mg – YES or NO		___/___ -- ___/___		
REXULTI Brexiprazole	2 mg – YES or NO		___/___ -- ___/___		
INVEGA Paliperidone	3 mg – YES or NO		___/___ -- ___/___		
ESKALITH, Lithium	600 mg- YES or NO		___/___ -- ___/___		
LAMICTAL Lamotrigine	50 mg – YES or NO		___/___ -- ___/___		

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