



Prior Treatment History

We are happy to provide the consultation for you and to discuss available treatment options for your condition.

In order for us to have the most productive consultation and recommendations we would very much welcome any and all information you can provide about your condition at the time of the consultation if at all possible. You might not remember all the details however sometimes consulting others who are familiar with your condition (family members or friends), your prior records as well as pharmacy refill records can help complete the list.

Please take a few minutes to complete the following prior treatment questionnaire. Check the medications you have tried, and in the comments include dosage and approximate length of treatment and outcome.

A. MEDICATION TREATMENT:

Filling up the necessary information increases the chance of timely insurance processing and/or reimbursement.

Medication Class and Examples	Dosage	Date Range (at least year to year range)	Reason why medication was stopped.
1. <i>SSRIs (Selective Serotonin Reuptake Inhibitors):</i> ___ Prozac(Fluoxetine) ___ Zoloft(Sertraline) ___ Paxil(Paroxetine) ___ Celexa(Citalopram) ___ Lexapro(Escitalopram) ___ Luvox(Fluvoxamine)	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
2. <i>SNRIs (Selective Serotonin & Norepinephrine Reuptake Inhibitors):</i>	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____





<input type="checkbox"/> Effexor(Venlafaxine) <input type="checkbox"/> Pristiq (Desvenlafaxine) <input type="checkbox"/> Cymbalta(Duloxetine)			
3. Atypical Antidepressants: <input type="checkbox"/> Wellbutrin(Bupropion) <input type="checkbox"/> Remeron(Mirtazepine) <input type="checkbox"/> Serzone(Nefazadone) <input type="checkbox"/> Trazodone(Desyrel) <input type="checkbox"/> Vibryd <input type="checkbox"/> Trintellix <input type="checkbox"/> Fetzima			
4. Tricyclic Antidepressants: <input type="checkbox"/> Elavil(Amitriptyline) <input type="checkbox"/> Tofranil(Imipramine) <input type="checkbox"/> Pamelor(Nortriptyline) <input type="checkbox"/> Norpramin(Desipramine) <input type="checkbox"/> Aventyl(Protriptyline) <input type="checkbox"/> Asendin(Amoxapine) <input type="checkbox"/> Ludiomil(Maprotyline) Other _____			
5. Monoamine Oxidase Inhibitors (MAOIs): <input type="checkbox"/> Nardil(Phenelzine) <input type="checkbox"/> Parnate <input type="checkbox"/> Emsam patches			
6. Neuroleptics(SCA):			





<input type="checkbox"/> Abilify(Aripiprazole) <input type="checkbox"/> Seroquel(Quetiapine) <input type="checkbox"/> Risperdal(Risperidone) <input type="checkbox"/> Zyprexa(Olanzepine) <input type="checkbox"/> Geodon(Ziprazidone) <input type="checkbox"/> Saphris <input type="checkbox"/> Latuda <input type="checkbox"/> Invega Other _____	_____	_____	_____
7. Mood Stabilizers: <input type="checkbox"/> Lithium <input type="checkbox"/> Depakote <input type="checkbox"/> Tegretol <input type="checkbox"/> Trileptal <input type="checkbox"/> Lamictal(Lamotrigine) Other _____	_____	_____	_____
8. Augmentation <input type="checkbox"/> Thyroid supplements (Synthroid, Levoxyl, Cytomel, Armourthyroid,etc.) <input type="checkbox"/> Psychostimulants (Ritalin, Adderral, Dexedrine, Vyvanse,Provigil, Nuvigil) <input type="checkbox"/> Buspar (Buspirone) <input type="checkbox"/> Deplin(L-Methylfolate), Other _____	_____	_____	_____





B.PSYCHOTHERAPY:

___ Supportive ___ Cognitive Behavioral (CBT) ___ DBT ___ EMDR Other (please specify): _____	_____ _____ _____ _____ _____
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C. Electro Cortical Therapy (ECT, Shock therapy):

Comments _____

D. Prior Transcranial Magnetic Stimulation (TMS):

Comments _____

E. Psychiatric admissions or Partial Hospital Treatment:

Comments _____

