



## 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:

Medication Class & Examples	Dates Taken (mo/year- mo/year)	Highest Dosage	Side Effects, Reason for Discontinuation, etc...
<p>1. <i>SSRIs (Selective Serotonin Reuptake Inhibitors):</i></p> <p><input type="checkbox"/> Prozac (Fluoxetine)  <input type="checkbox"/> Zoloft (Sertraline)  <input type="checkbox"/> Paxil (Paroxetine)  <input type="checkbox"/> Celexa (Citalopram)  <input type="checkbox"/> Lexapro (Escitalopram)  <input type="checkbox"/> Luvox (Fluvoxamine)</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<p>2. <i>SNRIs (Selective Serotonin &amp; Norepinephrine Reuptake Inhibitors)</i></p> <p><input type="checkbox"/> Effexor (Venlafaxine)  <input type="checkbox"/> Pristiq (Desvenlafaxine)  <input type="checkbox"/> Cymbalta (Duloxetine)</p>	<hr/> <hr/> <hr/>		
<p>3. <i>Atypical Antidepressants:</i></p> <p><input type="checkbox"/> Wellbutrin (Bupropion)  <input type="checkbox"/> Remeron (Mirtazepine)  <input type="checkbox"/> Serzone (Nefazadone)  <input type="checkbox"/> Trazadone (Desyrel)  <input type="checkbox"/> Viibryd  <input type="checkbox"/> Brintellix  <input type="checkbox"/> Fetzima</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

<p><b>4. Tricyclic Antidepressants:</b></p> <p><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 <input type="text"/></p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>5. Monoamine Oxidase Inhibitors (MAOIs):</b></p> <p><input type="checkbox"/> Nardil (Phenelzine)  <input type="checkbox"/> Parnate  <input type="checkbox"/> Emsam patches</p>	<hr/> <hr/> <hr/>
<p><b>6. Neuroleptics (SCA):</b></p> <p><input type="checkbox"/> Abilify (Aripiprazole)  <input type="checkbox"/> Seroquel (Quetiapine)  <input type="checkbox"/> Risperdal (Risperidone)  <input type="checkbox"/> Zyprexa (Olanzapine)  <input type="checkbox"/> Geodon (Ziprazidone)  <input type="checkbox"/> Saphris  <input type="checkbox"/> Latuda  <input type="checkbox"/> Invega  Other <input type="text"/></p>	<hr/>
<p><b>7. Mood Stabilizers:</b></p> <p><input type="checkbox"/> Lithium  <input type="checkbox"/> Depakote  <input type="checkbox"/> Tegretol  <input type="checkbox"/> Trileptal  <input type="checkbox"/> Lamictal (Lamotrigine)  Other <input type="text"/></p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>8. Augmentation - Thyroid supplements</b></p> <p><input type="checkbox"/> (Synthroid, Levoxyl, Cytomel, Armour thyroid, etc.)  <input type="checkbox"/> Psychostimulants (Ritalin, Adderall, Dexedrine, Vyvanse, Provigil, Nuvigil)  <input type="checkbox"/> Buspar (Buspirone)  <input type="checkbox"/> Deplin (L-Methylfolate),  Other <input type="text"/></p>	<hr/> <hr/> <hr/> <hr/> <hr/>



**B. PSYCHOTHERAPY:**

<input type="checkbox"/> Supportive	_____
<input type="checkbox"/> Cognitive Behavioral (CBT)	_____
<input type="checkbox"/> DBT	_____
<input type="checkbox"/> EMDR	_____
Other (please specify): _____	_____
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**1. Electro Cortical Therapy (ECT, Shock therapy):**

Comments \_\_\_\_\_

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**2. Prior Transcranial Magnetic Stimulation (TMS):**

Comments \_\_\_\_\_

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**3. Psychiatric admissions or Partial Hospital Treatment:**

Comments \_\_\_\_\_