

Meridian Mental Health and TMS Center of Omaha

Which and **Where** is the pharmacy you use? _____

List all current prescription medications and how often you take them: (if none, write none)

<u>Medication Name</u>	<u>Total Daily Dosage</u>	<u>Estimated Start Date</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all current over the counter supplements and how often you take them: (if none, write none)

<u>Name</u>	<u>Total Daily Dosage</u>	<u>Estimated Start Date</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Past Psychiatric Medication: Please indicate the medications you have taken by circling it and listing the estimated dates of usage, as well as your response.

Antidepressants

<i>Dates</i>	<i>Response</i>	<i>Dates</i>	<i>Response</i>
Prozac _____	_____	Remeron _____	_____
Zoloft _____	_____	Viibryd _____	_____
Luvox _____	_____	Trintellix _____	_____
Paxil _____	_____	Pristiq _____	_____
Celexa _____	_____	Fetzima _____	_____
Lexapro _____	_____	Doxepin _____	_____
Effexor _____	_____	Fluoxetine _____	_____
Cymbalta _____	_____	Emsam _____	_____
Wellbutrin _____	_____	Elavil _____	_____

Vraylar _____
Other _____

Mood Stabilizers

<i>Dates</i>	<i>Response</i>	<i>Dates</i>	<i>Response</i>
Lithium _____		Abilify _____	
Depakote _____		Haldol _____	
Lamictal _____		Risperdal _____	
Tegretol _____		Rexulti _____	
Topamax _____		Saphris _____	
Oxcarbazepine _____		Fanapt _____	
Seroquel _____		Invega _____	
Zyprexa _____		Latuda _____	
Geodon _____		Other _____	

Sedative/Hypnotics

<i>Dates</i>	<i>Response</i>		
Ambien _____		Trazodone _____	
Sonata _____		Belsomra _____	
Rozerem _____		Other _____	
Restoril _____			

ADHD Medications

<i>Dates</i>	<i>Response</i>		
Adderall _____		Strattera _____	
Concerta _____		Vyvanse _____	Adze
Ritalin _____		ny's _____	
Other _____		Mydayis _____	
		Zenzedi _____	

Anti-Anxiety Medications

<i>Dates</i>	<i>Response</i>
Xanax _____	
Ativan _____	
Klonopin _____	
Valium _____	
Buspar _____	

Other _____

Signature of Completion: _____ Date: _____