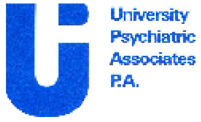

Name: ___________________________
Date of Assessment: _______________
Date of Birth: ____________________
Acct: _____________________________

Please check any medications you have previously taken and note any comments you may have about them.

Medication		Comments about this medication
Prozac	☐	
Paxil	☐	
Zoloft	☐	
Lexapro	☐	
Celexa	☐	
Effexor XR	☐	
Cymbalta	☐	
Wellbutrin	☐	
Lithium	☐	
Tegretol	☐	
Depakote	☐	
Lamictal	☐	
Risperdal	☐	
Zyprexa	☐	
Seroquel	☐	
Abilify	☐	
Geodon	☐	
Klonopin	☐	
Xanax	☐	
Ativan	☐	
Tranxene	☐	
Librium	☐	
Ambien	☐	
Lunesta	☐	
Trazodone	☐	
Rozerem	☐	
Restoril	☐	
Ritalin	☐	
Concerta	☐	
Adderall	☐	
Strattera	☐	
other medications for this condition?	☐	

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