



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...
1. SSRIs (Selective Serotonin Reuptake Inhibitors): ___ Prozac (Fluoxetine) ___ Zoloft (Sertraline) ___ Paxil (Paroxetine) ___ Celexa (Citalopram) ___ Lexapro (Escitalopram) ___ Luvox (Fluvoxamine)	_____	_____	_____
2. SNRIs (Selective Serotonin & Norepinephrine Reuptake Inhibitors) ___ Effexor (Venlafaxine) ___ Pristiq (Desvenlafaxine) ___ Cymbalta (Duloxetine)	_____	_____	_____
3. Atypical Antidepressants: ___ Wellbutrin (Bupropion) ___ Remeron (Mirtazepine) ___ Serzone (Nefazadone) ___ Trazadone (Desyrel) ___ Viibryd ___ Brintellix ___ Fetzima	_____	_____	_____

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<p>4. <i>Tricyclic Antidepressants:</i></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>5. <i>Monoamine Oxidase Inhibitors (MAOIs):</i></p> <p><input type="checkbox"/> Nardil (Phenelzine) <input type="checkbox"/> Parnate <input type="checkbox"/> Emsam patches</p>	<hr/> <hr/> <hr/>
<p>6. <i>Neuroleptics(SCA):</i></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/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>7. <i>Mood Stabilizers:</i></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>8. <i>Augmentation - Thyroid supplements</i></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/>

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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 _____

2. Prior Transcranial Magnetic Stimulation (TMS):

Comments _____

3. Psychiatric admissions or Partial Hospital Treatment:

Comments _____