Date Completed:_____/_____/______

Psychiatric Medication List

Cornerstone Psychiatric Services, Inc.

PATIENT INFORMATION

Patient Account#:_____________

Last Name:___________________________ **First Name:**_________________________ **Middle Name:**_______________

Suffix: JR SR III IV or ______ **Nickname:**__________________________ **Date of Birth:**____/____/____

Common Psychiatric Medication List

Please indicate what psychiatric medications you've tried and anything you remember about its effect (helped, none, worse, etc.); side effects; the dose you recall taking; when and for how long you took it.

	Prescription Medication Name	Dose (How much) Mg, units, drops, etc.	Frequency (How often) 1 x day, 2x day, etc.	Date last taken	Effect and/or Side Effects Medication helped or worsened symptoms in what way?
Antidepressants	☐ Anafranil (clomipramine)				
	☐ Celexa (citalopram)				
	☐ Cymbalta (duloxetine)				
	☐ Effexor (venlafaxine)				
	☐ Elavil (amitriptyline)				
	☐ Fetzima (levomilnacipram)				
	☐ Lexapro (escitalopram)				
	☐ Luvox (fluvoxamine)				
	☐ Palelor (nortriptyline)				
	☐ Paxil (paroxetine)				
	☐ Pexeva (paroxetine mesylate)				
	☐ Pristiq (desvenlafaxine)				
	☐ Prozac (fluoxetine)				
	☐ Remeron (mirtazapine)				
	☐ Sinequan (doxepin)				
	☐ Tofranil (imipramine)				
	☐ Trintellix (vortioxetine)				
	☐ Viibryd (vilazodone)				
	☐ Wellbutrin (bupropion)				
	☐ Zoloft (sertraline)				
	☐ Other:				

	Prescription Medication Name	Dose (How much) Mg, units, drops, etc.	Frequency (How often) 1 x day, 2x day, etc.	Date last taken	Effect and/or Side Effects Medication helped or worsened symptoms in what way?
Mood Stabilizers	☐ Depakote (valproate)				
	☐ Lamictal (lamotrigine)				
	☐ Tegretol (carbamazepine)				
	☐ Trileptal (oxcarbazepine)				
	☐ Other:				

Patient Account#:____________

	Prescription Medication Name	Dose (How much) Mg, units, drops, etc.	Frequency (How often) 1 x day, 2x day, etc.	Date last taken	Effect and/or Side Effects Medication helped or worsened symptoms in what way?
Atypical Antipsychotics / Mood Stabilizers	□ Abilify (aripiprazole)				
	□ Clozaril (clozapine)				
	□ Geodon (ziprasidone)				
	□ Haldol (haloperidol)				
	□ Latuda (lurasidone)				
	□ Prolixin (fluphenazine)				
	□ Rexulti (brexpiprazole)				
	□ Risperdal (risperdone)				
	□ Saphris (asenapine)				
	□ Seroquel (quetiapine)				
	□ Seroquel XR (quetiapine xr)				
	□ Vraylar (cariprazine)				
	□ Zyprexa (olanzapine)				
	□ Other:				

Typical Antipsychotics	□ Haldol (haloperidol)				
	□ Thorazine (chlorpromazine)				
	□ Other:				

Anti-Anxiety	□ Ativan (lorazepam)				
	□ Buspar (buspirone)				
	□ Chlordiazepoxide				
	□ Klonopin (clonazepam)				
	□ Tranxene (clorazepate)				
	□ Valium (diazepam)				
	□ Vistaril (hydroxyzine)				
	□ Xanax (alprazolam)				
	□ Other:				

Typical Antipsychotics	□ Haldol (haloperidol)				
	□ Thorazine (chlorpromazine)				
	□ Other:				

Patient Account#:_____________

	Prescription Medication Name	Dose (How much) Mg, units, drops, etc.	Frequency (How often) 1 x day, 2x day, etc.	Date last taken	Effect and/or Side Effects Medication helped or worsened symptoms in what way?
Sedatives / Sleep Aides	□ Ambien (zolpidem)				
	□ Ambien CR (zolpidem cr)				
	□ Belsomra (suvorexant)				
	□ Desyrel (trazadone)				
	□ Restoril (temazepam)				
	□ Rozerem (ramelteon)				
	□ Sonata (zaleplon)				
	□ Other:				
ADHD	□ Adderall (amphetamine)				
	□ Adderall XR				
	□ Concerta (methylphenidate)				
	□ Daytrana (methylphenidate)				
	□ Dyanavel XR				
	□ Eveko				
	□ Focalin (dexmethylphenidate)				
	□ Metadate (methylphenidate)				
	□ Mydayis				
	□ Quillivant XR				
	□ Ritalin (methylphenidate)				
	□ Strattera (atomoxetine)				
	□ Vyvanse (lisdexamfetamine)				
	□ Other:				
Other	□ Deplin (l-methylfolate)				
	□ CerefolinNAC				
	□ EnLyte w/DeltaFolate				
	□ Exelon Patch				
	□ Lithium				
	□ Namzaric				
	□ Neurontin (gabapentin)				
	□ Topamax (topiramate)				
	□ Other:				

X____ ____________________________

Signature of Patient, Parent, Guardian or Personal Representative **List Completed on Date**