

PATIENT NAME:

DATE:

PHQ9:

# Medication History

(Circle Any You Have Taken)

<u>TREATMENT TYPE</u>	<u>BRAND NAME</u>	<u>TREATMENT TYPE</u>	<u>BRAND NAME</u>
<b>TCA/Tetracyclic</b>		<b>SSRI</b>	
Amitriptyline	Elavil, Endep	Fluoxetine	Prozac
Imipramine	Tofranil	Citalopram	Celexa
Desipramine	Norpramine, Pertofrane	Fluvoxamine	Luvox
Trimipramine	Surmontil	Paroxetine	Paxil
Clomipramine	Anafranil	Paroxetine CR	Paxil CR
Doxepin	Sinequan	Sertraline	Zoloft
Nortriptyline	Pamelor, Aventyl	Escitalopram	Lexapro
Protriptyline	Vivactil	<b>MAOI</b>	
<b>SNRI</b>		Phenelzine	Nardil
Venlafaxine (incl. IR & XR)	Effexor (incl. IR & XR)	Selegiline	Eldepryl
Duloxetine	Cymbalta	Selegiline transdermal patch	Emsam
Desvenlafaxine	Pristiq	Tranylcypromine	Parnate
Levomilnacipran	Fetzima	Isocarboxazid	Marplan
<b>OTHER ANTIDEPRESSANTS</b>			
Bupropion (incl. IR, SR, & XL)	Wellbutrin (incl. IR, SR, & XL), Aplezin		
Mirtazapine	Remeron		
Nefazodone	Serzone		
Trazodone (incl. XR)	Desyrel, Oleptro		
Amoxapine	Asendin		
Vilazodone HCL	Viibryd		
Vortioxetine	Trintellix, Brintellix		
<b>AUGMENTING AGENT</b>			
(count only those listed here)			
Atypical Antipsychotics	Abilify, Geodon, Risperdal, Seroquel, Zyprexa, Invega, Saphris, Rexulti, Vraylar		
Lithium	Eskalith, Lithibid, Others		
Thyroid Hormone	Synthroid, Levoxy, Others		
Olanzapine, Fluoxetine	Symbyax		

If history of depression and any 3 circled, refer to Dr. Northrup for treatment resistant depression consult .