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Psychiatric Medication History

Patient Name: _____ Patient DOB: _____

This patient does not have a history of taking any psychiatric medications.

Med Name	Check if Taken	Reason for Discontinuing	Med Name	Check if Taken	Reason for Discontinuing
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Depression Medications

Celexa (citalopram)	<input type="checkbox"/>	_____
Lexapro (escitalopram)	<input type="checkbox"/>	_____
Prozac (fluoxetine)	<input type="checkbox"/>	_____
Zoloft (sertraline)	<input type="checkbox"/>	_____
Paxil (paroxetine)	<input type="checkbox"/>	_____
Luvox (fluvoxamine)	<input type="checkbox"/>	_____
Viiibryd (vilazodone)	<input type="checkbox"/>	_____
Trintellix (vortioxetine)	<input type="checkbox"/>	_____
Cymbalta (duloxetine)	<input type="checkbox"/>	_____
Effexor (venlafaxine)	<input type="checkbox"/>	_____
Fetzima (levomilnacipram)	<input type="checkbox"/>	_____
Pristiq (desvenlafaxine)	<input type="checkbox"/>	_____
Wellbutrin (bupropion)	<input type="checkbox"/>	_____
Anafranil (clomipramine)	<input type="checkbox"/>	_____
Elavil (amitriptyline)	<input type="checkbox"/>	_____
Pamelor (nortriptyline)	<input type="checkbox"/>	_____
Remeron (mirtazapine)	<input type="checkbox"/>	_____

ADHD Medications

Adzevyns	<input type="checkbox"/>	_____
Adderall	<input type="checkbox"/>	_____
Dyanavel	<input type="checkbox"/>	_____
Evekeo	<input type="checkbox"/>	_____
Mydayis	<input type="checkbox"/>	_____
Vyvanse	<input type="checkbox"/>	_____
Cotempla	<input type="checkbox"/>	_____
Concerta (methylphenidate)	<input type="checkbox"/>	_____
Ritalin (methylphenidate)	<input type="checkbox"/>	_____
Jornay	<input type="checkbox"/>	_____
Focalin	<input type="checkbox"/>	_____
Quillichew	<input type="checkbox"/>	_____
Quillivant	<input type="checkbox"/>	_____
Azstarys	<input type="checkbox"/>	_____
Intuniv (guanfacine)	<input type="checkbox"/>	_____
Qelbree	<input type="checkbox"/>	_____
Strattera	<input type="checkbox"/>	_____
Aptensio	<input type="checkbox"/>	_____
Kapvay (clonidine)	<input type="checkbox"/>	_____
Daytrana	<input type="checkbox"/>	_____
Xelstrym	<input type="checkbox"/>	_____
Methylphenidate	<input type="checkbox"/>	_____

(please turn over)

Anxiety Medications

Buspar (buspirone)	<input type="checkbox"/>	_____	Valium (diazepam)	<input type="checkbox"/>	_____
Clonidine	<input type="checkbox"/>	_____	Ativan (lorazepam)	<input type="checkbox"/>	_____
Hydroxyzine	<input type="checkbox"/>	_____	Loreev XR	<input type="checkbox"/>	_____
Inderal (propranolol)	<input type="checkbox"/>	_____	Klonopin (clonazepam)	<input type="checkbox"/>	_____
Neurontin (gabapentin)	<input type="checkbox"/>	_____	Lyrica (pregabalin)	<input type="checkbox"/>	_____
Xanax (alprazolam)	<input type="checkbox"/>	_____			

Mood Stabilizing Medications

Caplyta	<input type="checkbox"/>	_____	Saphris (asenapine)	<input type="checkbox"/>	_____
Seroquel (quetiapine)	<input type="checkbox"/>	_____	Vraylar (cariprazine)	<input type="checkbox"/>	_____
Risperidal (risperidone)	<input type="checkbox"/>	_____	Abilify (aripiprazole)	<input type="checkbox"/>	_____
Rexulti (brexpiprazole)	<input type="checkbox"/>	_____	Latuda (lurasidone)	<input type="checkbox"/>	_____
Zyprexa (olanzapine)	<input type="checkbox"/>	_____	Geodon (ziprasidone)	<input type="checkbox"/>	_____
Haldol (haloperidol)	<input type="checkbox"/>	_____	Clozaril (clozapine)	<input type="checkbox"/>	_____
Trileptal (oxcarbazepine)	<input type="checkbox"/>	_____	Depakote (valproic acid)	<input type="checkbox"/>	_____
Lithium	<input type="checkbox"/>	_____	Lamictal (lamotrigine)	<input type="checkbox"/>	_____
Tegretol (carbamazepine)	<input type="checkbox"/>	_____			

Sleep Medications

Ambien (zolpidem)	<input type="checkbox"/>	_____	Silenor (doxepin)	<input type="checkbox"/>	_____
Belsomra (suvorexant)	<input type="checkbox"/>	_____	Rozerem (ramelteon)	<input type="checkbox"/>	_____
Desyrel (trazodone)	<input type="checkbox"/>	_____	Restoril (temazepam)	<input type="checkbox"/>	_____
Lunesta (eszopiclone)	<input type="checkbox"/>	_____	Sonata (zaleplon)	<input type="checkbox"/>	_____
Quiviviq	<input type="checkbox"/>	_____	Minipress (Prazosin)	<input type="checkbox"/>	_____

(please turn over)