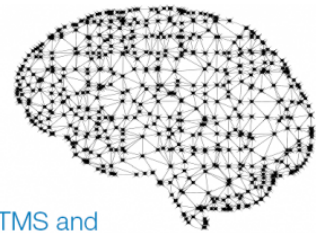


UCSF TMS and Neuromodulation Service
ATHQ



UCSF TMS and
Neuromodulation Service

PATIENT NAME: _____

ID: _____

- (1) Please mark "Yes" for any medication(s) that the patient has taken during any period of depression. Please write the date it was taken (at specific as possible) next to the name.
- (2) Please circle "Yes" or "No" to indicate which medication(s) were taken for at least 4 weeks at the minimum dose or higher.
- (3) Please indicate if another drug was added to augment the effect of the medication, and if so, write the name of that added drug (e.g. buspirone, lithium, Ritalin, Zyprexa)
- (4) Please list the outcome of trying each medication and the reason for stopping it
- (5) Please write the name of the medication or combination that helped the most with the patient's depression:
- (6) Please rate how much improvement was experienced with this medication, on a scale from 0 to 100 where 100 means "completely improved" and 0 is "not improved at all" _____

List of Medications	Taken Med? (check box if Yes)	Dates?	Taken Minimum dose for at least 4 weeks?	Minimum Dose	Any Drug Added to Boost Effect? (If yes, please name)	Outcome, side effects, or reason for stopping (Inadequate, intolerant, resistant)
Tricyclic Antidepressants						
Adapin, Sinequan (doxepin)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Anafranil (clomipramine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Asendin (amoxapine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Elavil/Endep (amitriptyline)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Ludiomil (maprotiline)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Norpramin (desipramine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Pamelor (nortriptyline)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	75 mg/d		
Surmontil (trimipramine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Tofranil (Imipramine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Vivactil (protriptyline)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	30 mg/d		
Azafen (pipofezine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Agedal/Elronon (noxiptiline)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Monoamine Oxidase Inhibitors (MAOIs)						
Marplan (Isocarboxazid)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	30 mg/d		
Nardil (phenelzine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	45 mg/d		
Parnate (tranylcypromine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	30 mg/d		

Emsam (selegine patch)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	6 mg/24h		
Aurorix (moclobemide)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	300 mg/d		
Pirazidol (pirindole)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	200 mg/d		
Selective Serotonin Reuptake Inhibitors (SSRIs)						
Luvox (fluvoxamine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	50 mg/d		
Paxil, Paxeva (paroxetine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	20/25 mg/day		
Prozac (fluoxetine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	20 mg/d		
Zoloft (sertraline)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	50 mg/d		
Celexa (citalopram)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	20 mg/d		
Lexapro (escitalopram)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	10 mg/d		
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)						
Effexor (venlafaxine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Cymbalta (duloxetine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	60 mg/d		
Pristiq (desvenlafaxine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	50 mg/d		
Fetzima (levomilnacipran)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	40 mg/d		
Savella (milnacipran)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	100 mg/d		
Other Antidepressants						
Viibryd (vilazodone)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	40 mg/d		
Deseryl (trazodone)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	300 mg/d		
Serzone (nefazodone)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	300 mg/d		
Wellbutrin (bupropion)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	300 mg/d		
Remeron (mirtazapine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	15 mg/d		
Trintellix, Brintellix (vortioxetine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	10 mg/d		
Valdoxan (agomelatine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	25 mg/d		
Stablon (tianeptine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	37.5 mg/d		
Edronax (reboxetine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	4 mg/d		
Bolvidon, Depnon, Tolvon, Novral (mianserin)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	30 mg/d		
Insidon (opipramol)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Augmentation/Adjunctive Agents						
Lithium	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	300 mg/d		
Thyroid hormone preparations	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Variable		
Buspar (buspirone)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	15 mg/d		
Abilify (aripiprazole)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	2 mg/d		

Seroquel (quetiapine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	150 mg/d		
Zyprexa (olanzapine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	2.5 mg/d		
Risperdal (risperidone)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	1 mg/d		
Geodon (ziprasidone)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	20 mg/d		
Latuda (lurasidone)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	40 mg/d		
Saphris (asenapine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	10 mg/d		
Rexulti (brexpiprazole)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	0.5 mg/d		
Vraylar (cariprazine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	1.5 mg/d		
Fanapt (iloperidone)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	2 mg/d		
Invega (paliperidone)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	3 mg/d		
Lamictal (lamotrigine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	300 mg/d		
Depakote (divalproex)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	750 mg/d		
Tegretol (carbamazepine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	200 mg/d		
Trileptal, Oxtellar (oxcarbazepine)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	600 mg/d		
Stimulant (Ritalin, Adderall, Vyvanse)	<input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Variable		
Other Types of Treatment						
Did the patient ever receive psychotherapy for depression (please select Yes or No):					Y <input type="checkbox"/>	N <input type="checkbox"/>
Did the patient ever receive electro-convulsive therapy (ECT) (please select Yes or No):					Y <input type="checkbox"/>	N <input type="checkbox"/>
Did the patient ever receive transcranial magnetic stimulation (TMS) (please select Yes or No):					Y <input type="checkbox"/>	N <input type="checkbox"/>
Did the patient ever receive DBS, VNS, or any other form of neuromodulation treatment (please select Yes or No):					Y <input type="checkbox"/>	N <input type="checkbox"/>

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form:

Date:

____/____/____

Form Completed By:

Patient

Physician

Relative

Other

(Print name)