LAKEVIEW TMS CENTER

NAME_____ **DOB**_____ **DATE**_____

CHECK ANY MEDICATIONS TAKEN.
PROVIDE MAXIMUM DOSAGE, TIME FRAME WITH DATES, AND IF ANY SIDE EFFECTS OCCURRED.

	GENERIC NAME	BRAND NAME	MAX DOSING		DATE RANGE	SIDE EFFECTS
	Citalopram	Celexa	20-40mg			
	Escitalopam	Lexapro	10-20mg			
	Fluoxetine	Prozac	20-80mg			
	Paroxitine	Paxil	20-60mg			
	Paroxitine XR	Paxil CR	25-75mg			
	Sertraline	Zoloft	50-200mg			
	Fluvoxamine	Luvox	50-300mg			
	Fluvoxamine CR	Luvox CR	100-300mg			
	Desvenlafaxin	Pristiq	50-100mg			
	Duloxetine	Cymbalta	60-120mg			
	Venlafaxine	Effexor	75-225mg			
	Venlafaxine XR	Effexor XR	75-225mg			
	Milnacipran	Savella	100-200mg			
	Levomilnacipran	Fetzima	40-120mg			
	Buproprion	Wellbutrin	100-450mg			
	Buproprion SR	Wellbutrin SR	200-400mg			
	Buproprion XL	Wellbutrin XL	150-450mg			
	Mirtazapine	Remeron	15-45mg			
	Nefazadone	Serzone	300-600mg			
	Trazodone	Desyrl	150-600mg			

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Vilazodone	Viibryd	20-40mg			
Vortioxetine	Trintellix	10-20mg			
Esketamine	Spravato	56 or 84			
Brexanolone	Zulresso	60 hr infusion			

Phenelzine	Nardil	45-90mg			
Segeline	Emsam	10mg			
Tranylcypromine	Parnate	30-60mg			

Second generation antipsychotics (aripiprazole, brexpiprazole, quetiapine, risperidone, ziprasidone, olanzapine)	Abilify, Rexulti, Seroquel, Rispirdal, Geodon, Zyprexa				
Lithium					
Antiseizure mood stablizier (lamotrigine or topiramate)	Lamictal, Topamax				
Triiodothyronine (T3)					
L-Methylfolate	Deplin				