

Patient Label



PMG Psychiatry Clinic East
5228 NE Hoyt Street, Bldg. B
Suite 300
503-215-4860 (Phone)
(971) 282-0138 (Fax)

Patient Name _____

Date of last physical examination _____

Any medical issues or allergies?

For women only: Date last menstrual period? _____ Birth control method? _____

Are you currently pregnant or suspect you may be? Yes No Are you planning a pregnancy? Yes No

How many times have you been pregnant? _____ How many live births? _____

List **ALL** current medications, over-the-counter medications and/or supplements: (use other side if needed)

MEDICATION	DOSE	Est Start Date

Please check any psychiatric medications you have taken in the past:

Depression/Anxiety Medications:

<input type="checkbox"/> Prozac (fluoxetine)	<input type="checkbox"/> Zoloft (sertraline)	<input type="checkbox"/> Paxil (paroxetine)	<input type="checkbox"/> Luvox (fluvoxamine)
<input type="checkbox"/> Celexa (citalopram)	<input type="checkbox"/> Lexapro (escitalopram)	<input type="checkbox"/> Viibryd (vilazidone)	<input type="checkbox"/> Brintellix/Trintellix (vortioxetine)
<input type="checkbox"/> Wellbutrin (bupropion)	<input type="checkbox"/> Remeron (mirtazapine)	<input type="checkbox"/> Deplin	<input type="checkbox"/> Fetzima (levomilnacipran)
<input type="checkbox"/> Effexor (venlafaxine)	<input type="checkbox"/> Pristiq (desvenlafaxine)	<input type="checkbox"/> Cymbalta (duloxetine)	<input type="checkbox"/> Serzone (nefazodone)
<input type="checkbox"/> Elavil (amitriptyline)	<input type="checkbox"/> Pamelor (nortriptyline)	<input type="checkbox"/> Tofranil (imipramine)	<input type="checkbox"/> Anafranil (clomipramine)
<input type="checkbox"/> Parnate (tranylcypromine)	<input type="checkbox"/> Nardil (phenelzine)	<input type="checkbox"/> Emsam (selegiline)	<input type="checkbox"/> Desipramine
<input type="checkbox"/> Buspar (buspirone)	<input type="checkbox"/> Vistaril (hydroxyzine)	<input type="checkbox"/> Indural (Propranolol)	<input type="checkbox"/> Tranxene (clorazepate)
<input type="checkbox"/> Xanax (alprazolam)	<input type="checkbox"/> Ativan (lorazepam)	<input type="checkbox"/> Klonopin (clonazepam)	<input type="checkbox"/> Valium (diazepam)

Mood Stabilizers/Antipsychotic Medications:

<input type="checkbox"/> Tegretol (carbamazepine)	<input type="checkbox"/> Trileptal (oxcarbazepine)	<input type="checkbox"/> Depakote (valproate)	<input type="checkbox"/> Lithium
<input type="checkbox"/> Lamictal (lamotrigine)	<input type="checkbox"/> Topamax (topiramate)	<input type="checkbox"/> Neurontin (gabapentin)	<input type="checkbox"/> Lyrica (pregabalin)
<input type="checkbox"/> Seroquel (quetiapine)	<input type="checkbox"/> Zyprexa (olanzapine)	<input type="checkbox"/> Saphris (asenapine)	<input type="checkbox"/> Clozaril (clozapine)
<input type="checkbox"/> Abilify (aripiprazole)	<input type="checkbox"/> Rexulti (brexpiprazole)	<input type="checkbox"/> Risperdal (risperidone)	<input type="checkbox"/> Invega (paliperidone)
<input type="checkbox"/> Latuda (lurasidone)	<input type="checkbox"/> Geodon (ziprasidone)	<input type="checkbox"/> Fanapt (iloperidone)	<input type="checkbox"/> Haldol (haloperidone)
<input type="checkbox"/> Thorazine (chlorpromazine)	<input type="checkbox"/> Prolixin (fluphenazine)	<input type="checkbox"/> Trilafon (perphenazine)	<input type="checkbox"/> Vraylar (cariprazine)
<input type="checkbox"/> Nuplazid (Pimavanserin)			

Sedatives:

<input type="checkbox"/> Trazodone (Desyrel)	<input type="checkbox"/> Rozerem (ramelteon)	<input type="checkbox"/> Restoril (temazepam)	<input type="checkbox"/> Chloral hydrate
<input type="checkbox"/> Ambien (zolpidem)	<input type="checkbox"/> Lunesta (eszopiclone)	<input type="checkbox"/> Belsomra	

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ADHD/Dementia/Other Medications:

<input type="checkbox"/> Strattera (Atomoxetine)	<input type="checkbox"/> Artane (Trihexylphenidyl)	<input type="checkbox"/> Adderall/Mydayis/Evekeo/Zeneti/Adzenys/ProCentra	<input type="checkbox"/> Nuedexta
<input type="checkbox"/> Intuniv (Guanfacine)	<input type="checkbox"/> Provigil (Modafinil)	<input type="checkbox"/> Nuvigil (Armodafinil)	<input type="checkbox"/> Chantix
<input type="checkbox"/> Aricept (Donepezil)	<input type="checkbox"/> Exelon (rivastigmine)	<input type="checkbox"/> Razadyne (galantamine)	<input type="checkbox"/> amantadine
<input type="checkbox"/> Namzaric (donepezil/namenda)	<input type="checkbox"/> Cogentin (benztropine)	<input type="checkbox"/> Vyvanse	<input type="checkbox"/> Prazosin
<input type="checkbox"/> Namenda (memantine)	<input type="checkbox"/> Ritalin/Concerta/Focalin/Datrana (methylphenidate)	<input type="checkbox"/> Antabuse (Disulfiram)	<input type="checkbox"/> Campral (Acamprosate)
<input type="checkbox"/> Naltrexone	<input type="checkbox"/> Ingrezza (Valbenazine)	<input type="checkbox"/> Austedo (Deutetrabenazine)	<input type="checkbox"/> Contrave (Naltrexone/Bupropion)

Personal and Family Medical History Checklist

	You	Family	Which Family Member(s)
Thyroid Disease			
Anemia			
Heart Disease			
Liver Disease			
Kidney Disease			
Diabetes			
Fibromyalgia			
Chronic Fatigue			
Chronic Pain			
High Cholesterol			
High Blood Pressure			
Head Trauma/Loss of consciousness/Seizures			
Cancer			
Asthma			
Other Respiratory Issues			
Stomach/Intestinal Issues			
Reproductive Issues			
Surgeries			
Other medical problems			