



## Medication History

Please list any medication(s) you have taken in the past for psychiatric (nervous) disorders and indicate how helpful you found them.

<i>Medication</i>	<i>How helpful did you find this medication?</i>

## Current Medication(s)

Please list all medications which you are currently taking, reasons for their use and the name of the prescribing doctor or clinic.

<i>Medication</i>	<i>Strength</i>	<i>No./day</i>	<i>Symptom(s) treated</i>	<i>Prescribed by</i>

## Medication Allergies/Sensitivities

Please describe any known allergies or sensitivities to medications.

<i>Medication</i>	<i>Allergic reaction or sensitivity to this medication</i>







