**Previous Psychiatric Medications**

Please list any previous psychiatric medications. This includes, but is not limited to: antidepressants (i.e., Zoloft, Paxil, Prozac), mood stabilizers (i.e., Depakote, Seroquel, Lithium), antipsychotics (i.e., Geodon, Zyprexa, Risperdal), and anti-anxiety (i.e., Xanax, Klonopin, Ativan). List the month and year that you started and ended each medication.

Name Date Started Date Ended

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