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DIPLOMATE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

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## The TMS Neuromodulation Practice

### DEPRESSION TREATMENT HISTORY FORM

1. For each psychiatric medication that you have taken please note:

- A. Name of Drug
- B. Highest Dosage Taken
- C. Duration – time frame with beginning and ending dates
- D. Reason for discontinuation – include side effects

NAME OF DRUG	DOSAGE	DURATION	DISCONTINUATION

2. Please list all other Depression Treatments such as Psychotherapy, CBT (Cognitive Behavioral Therapy), DBT (Dialectical Behavior Therapy), ECT (Electroconvulsive Therapy), and psychiatric hospitalizations. Include dates of treatment, outcome, and adverse effects.