

10. In the past, have you ever been prescribed psychiatric drugs other than any psychiatric drugs you may be using at the present time?

Yes No

If yes, list the drugs you can remember.

a. Name of drug: _____ Who prescribed it: _____
Purpose for drug: _____
When you started it: _____ When you stopped it: _____
Any side effects or withdrawal symptoms: _____

b. Name of drug: _____ Who prescribed it: _____
Purpose for drug: _____
When you started it: _____ When you stopped it: _____
Any side effects or withdrawal symptoms: _____

c. Name of drug: _____ Who prescribed it: _____
Purpose for drug: _____
When you started it: _____ When you stopped it: _____
Any side effects or withdrawal symptoms: _____

d. Name of drug: _____ Who prescribed it: _____
Purpose for drug: _____
When you started it: _____ When you stopped it: _____
Any side effects or withdrawal symptoms: _____

e. Name of drug: _____ Who prescribed it: _____
Purpose for drug: _____
When you started it: _____ When you stopped it: _____
Any side effects or withdrawal symptoms: _____

f. Name of drug: _____ Who prescribed it: _____
Purpose for drug: _____
When you started it: _____ When you stopped it: _____
Any side effects or withdrawal symptoms: _____
