

Medication Management for Mental Health Concerns

Please fill out the following form if you are interested in seeing a provider here at The Student Health Center to prescribe medications. You will be contacted to schedule an appointment.

If you are having an emergency, stop and call 911.

Name: _____

Date of Birth: _____

Student ID Number: _____

What is the reason for your interest in scheduling an appointment at the Health Center? _____

What are you hoping for at this visit? _____

Prior Mental Health Diagnoses:

1. Have you seen a psychiatrist in the past?

Yes. If so, for how long?

- ☐ For a consultation (i.e., 1-2 visits total)
- ☐ Every 1-3 months for < 1 year
- ☐ Every 1-3 months for > 1 year

No

2. Are you currently taking psychiatric medications?

Yes. If so, please list the name of the medication, the dose, the frequency, and how long you have been taking it (i.e., fluoxetine 40 mg for the last 2 months).

Medication list:

No

3. Have you ever been prescribed and taken psychiatric medications in the past?

Yes. If so, please circle all classes of medications that apply. Please circle the exact medication if you recall the name. In addition, please write down as many details as you can remember (i.e., I took Abilify 10 mg daily for 3 months, but stopped because of the side effects):

Antidepressants: (fluoxetine, sertraline, paroxetine, escitalopram, citalopram, fluvoxamine, bupropion, duloxetine, venlafaxine, desvenlafaxine, vilazodone, levomilnacipran, vortioxetine, buspirone).

Additional info:

- As needed medication for anxiety: (alprazolam, lorazepam, clonazepam, diazepam, hydroxyzine, propranolol).
- Additional info:

- ADHD medications: (methylphenidate, amphetamine, atomoxetine, clonidine, guanfacine, bupropion).
- Additional info:

- Sleep medications: (trazodone, mirtazapine, zolpidem, prazosin).
- Additional info:

Mood Stabilizers: (lithium, lamotrigine, Depakote, Latuda).

Additional info:

Antipsychotics: (risperidone, aripiprazole, quetiapine, olanzapine, ziprasidone).

Additional info:

No.

4. Have you ever been evaluated in the Emergency Room for a mental health emergency?

Yes. If so, please provide details: _____

No.

5. Have you ever been hospitalized on a psychiatric unit?

Yes. If so, please provide details (when, what hospital, how long the hospitalization was, reason for the hospitalization):

No.



6. Are you currently seeing a counselor? If so, please provide their name and contact information: _____

7. Have you ever attempted suicide or come close to attempting suicide even if no one else knows (i.e., prepared, planned)?
- Yes. If so, please provide details: _____

 - No.
8. Have you ever self-harmed to help feel better? Self-harm includes cutting, burning, choking, or hitting yourself.
- Yes. If so, please provide details: _____

 - No.
9. Are you concerned about eating or exercise or is anyone else concerned?
- _____
10. Have you ever used marijuana on a daily basis for greater than two weeks?
- Yes. If so, when did you last use? _____
- No.
11. Have you ever used any other illicit drug on a daily basis for greater than two weeks?
- Yes. If so, what drug and when did you last use? _____

- No.
12. Have you ever been addicted to or misused prescription or over-the-counter drugs?
- Yes. If so, when, and where? For what substance? _____

- No.