RIVER ROAD TMS LLC

Prior Medication History Form

Please list **all psychiatric medications you have taken in the past, or are currently taking, for depression, anxiety or other related mental health concerns**.

For each medication, please provide the medication name, the maximum dosage taken, the approximate start and end dates of the trial, and any side effects experienced or reasons for discontinuation.

If you do not remember the exact dosages or dates, please provide your **best estimate**. Please contact your prior prescriber(s) or or pharmacies to obtain this information. Providing a detailed medication history will help facilitate the TMS prior authorization process and strengthen the prior authorization request.

Please complete this form prior to your TMS Evaluation appointment. You can either bring it with you on the day of your appointment or send beforehand via email to info@riverroadtms.com

Medication Name	Maximum Dosage	Start/End Date (Month/Year)	Side Effects/Reason for Discontinuation