



Michigan Advanced Psychiatry

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Patient Pre-approval form

Patient Name _____

Patient Email _____

Patient Phone Number _____

Patient Date of Birth _____

Insurance _____

Have you tried TMS or Spravato before?

- Yes
- No

Which SSRIs have you taken in the past? Please include relevant dosages, medication duration, and any side-effects you may have experienced.

- Citalopram (Celexa)
- Escitalopram (Lexapro)
- Paroxetine (Paxil)
- Fluoxetine (Prozac)
- Fluvoxamine (Luvox)
- Sertraline (Zoloft)

Which SNRIs have you taken in the past? Please include relevant dosages, medication duration, and any side-effects you may have experienced.

- Venlafaxine (Effexor)
- Duloxetine (Cymbalta)
- Desvenlafaxine (Pristiq)
- Levomilnacipran (Fetzima)

Which other anti-depressants have you taken in the past? Please include relevant dosages, medication duration, and any side-effects you may have experienced.

- Vilazodone (Viibryd)
- Vortioxetine (Trintellix)
- Bupropion (Wellbutrin)
- Buspirone (Buspar)
- Lithium (Eskalith)
- Trazadone
- Mirtazapine (Remeron)
- Selegiline (Emsam)
- Adderall
- Spravato

Which atypical antipsychotics have you taken in the past? Please include relevant dosages, medication duration, and any side-effects you may have experienced.

- Lamictal (Lamotrigine)
- Lurasidone (Latuda)
- Quetiapine (Seroquel)
- Aripiprazole (Abilify)
- Brexpiprazole (Rexulti)
- Olanzapine (Zyprexa)
- Risperidone (Risperdal)

Are you currently in or have you ever tried talk therapy?

- Yes
- No

Do you have a history of any of the following:

- Seizures
- Cerebrovascular disease
- Dementia
- Increased intracranial pressure
- Traumatic brain injury
- Brain arteriovenous malformations (AVM)
- Brain aneurysms
- None of the above

Do you have any of the following implants:

- Cardioverter defibrillator
- Metal aneurysm clips, coils, staples, or stents
- Cochlear implants
- Vagus nerve stimulator

- Pacemaker
- None of the above

Which service are you most interested in?

- TMS therapy
- Spravato treatment
- Medication Evaluation/Management

What is the name of the individual filling this out? _____