ERIC WEXLER M.D., Ph.D.

2730 Wilshire Blvd., Ste. 325 Santa Monica, CA 90403 - 310-744-1250

Adult Psychiatric Intake

Examination Date: Time:

Patient Information Summary **PLEASE PRINT -- BLACK INK ONLY**

Name Date of Birth

Street

City State Zip Choose a PIN#

TELEPHONE:

Mobile *Work* *Fax*

Email

Occupation Education Level

Spouse/Partner *Pharmacy*

Emergency Contact

Do you have any life threatening allergies? (food, medication, insects, etc) !*No* !*Yes* To what?

Have you been to the hospital, emergency room or urgent care within the past month: !*No* !*Yes*

	Name	Contact info
Primary Care MD		
Therapist (name)		
Other MD		

CHIEF COMPLAINT (specify onset and duration)

Please return completed forms to the physical address above, or they may be faxed to 310-919-1919 or emailed to wexlersecretary@2730wilshire.com

ERIC M. WEXLER M.D., PH.D.
Diplomate, American Board of Psychiatry & Neurology

2730 Wilshire Blvd, Suite 325
Santa Monica, CA 90403 (TEL)
310-744-5102
(FAX) 310-919-1919
info@ericwexlermd.com
www.EricWexlerMD.com

CREDIT CARD AUTHORIZATION

Please neatly complete the following information in print with black ink.

I _____accept full financial responsibility for the patient (or consultee) being or to be treated by Dr. Eric Wexler, whose name is _____. I authorize Eric Wexler MD, PhD Inc. to charge my credit card up to 48 hours prior to the next scheduled visit with Dr. Wexler; including for the initial visit or any part thereof, as well as, in the event that the patient fails to show for future scheduled appointments, or does not give notification of the patient's inability to attend a scheduled appointment, at least 48 business hours in advance, as agreed to in the *Treatment Consent Form*. I authorize my card to be charged for all time spent by Dr. Wexler in providing consultation services (e.g. phone calls, emails, written reports, etc.) I have read and agree to abide by the *Office Policies and Procedures*, as agreed to by the patient, in the *Treatment Consent Form*. Furthermore, for outstanding payments of services rendered I authorize Dr. Wexler to charge my credit card for the full amount due. I will not dispute the cost or charges for sessions I have received in whole or part, in person or remotely or that I have not cancelled less than 48 business hours in advance. I further authorize Dr. Wexler to disclose information about my attendance/cancellation to my credit card company if I dispute a charge.

Card Type (circle one): Visa MasterCard American Express Discover

Card #: _____Expiration Date: _____

Security Code (see Figure below) _____

Name As Printed On Card: _____

Telephone Number Associated With Account: _____

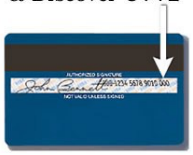
Billing Address: _____
(Street , City , State)

Zip code: _____ EMAIL:_____

Signature: _____ Date: _____
(client or financially responsible party)

Finding your credit card's security code

Visa, MasterCard & Discover CVV2



American Express CVV2

This form will be securely stored in your clinical file and may be updated upon request at any time. Please note, your credit card will be charged if any of the following conditions apply: "no-show" for a scheduled appointment, cancellation less than 48 business hours in advance of scheduled appointment, or participation in treatment without payment rendered (eg. appointment or phone session). A $100 fee, plus my time spent, is charged for each contested charge or returned check.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES, OFFICE POLICIES AND CONSENTS

** You May Refuse to sign this Acknowledgement**

I,_____, have received a copy of Eric Wexler MD PhD Inc's *Notice of Privacy Practices,* and *Office Policies & Procedures.* I have read these documents and agree to abide by the terms set forth therein. Treatment is strictly voluntary, and you may choose to discontinue treatment any time you wish, however, you are still responsible for the full cost of any visit canceled less than 48 hours prior to the scheduled start of that visit. For urgent appointment, those scheduled less than 48 hours prior to the appointment; you are responsible for the full initial visit fee. Similarly, if you terminate a visit prior to its scheduled end time you are still responsible for the full visit fee. By signing this document, I give my permission to Dr. Wexler to treat me. This consent remains valid until such time as I choose to discontinue treatment, either explicitly or implicitly by failing to adhere to the expectations and terms set forth in *Office Policies & Procedures.* In accordance with these policies and terms, I hereby agree to pay for my scheduled evaluation or treatment at the time of the service, even if I choose to terminate that session prematurely. I understand that I am financially responsible for all charges whether or not paid by the insurance or third-party involvement. I hereby authorize Dr. Wexler release all information necessary to secure payment of benefits. I agree to abide by the policies set forth in *Office Policies & Procedures*, including, but not limited to those concerning financial obligations and dispute resolution.

(Print Name Above)

_____ _____

Patient Signature Date

For Office Use Only

Eric Wexler MD PhD Inc. attempted to obtain written acknowledgement of receipt of his/her Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Individual refused to sign, but verbally accepts treatment terms and agrees to abide by those terms set forth in *Office Policies & Procedures*

_____ An emergency situation prevented him/her from obtaining the acknowledgement

_____ Other (specify)

Eric Wexler M.D., Ph.D.
Adult Psychiatry
2730 Wilshire Blvd, Suite
325 Santa Monica, CA
90403 Tel: (310) 744-5102
Fax: (310) 919-1919

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize Eric Wexler M.D., Ph.D. to exchange information (to release and to receive) pertaining to my treatment with and/or release copies of my psychiatric and medical records to/with/from:

_____
NAME OF PERSON OR TITLE OF ORGANIZATION

_____
ADDRESS AND/OR PHONE NUMBER

The relevant and timely information that may be released is

limited to: Initial Clinical Summary
Progress Notes
Laboratory Results
Psychological Testing
Verbal Telephone Contact
Medication
Consultations
Other _____

These records are required for continuity of clinical care. This release will be valid until treatment ends, unless otherwise noted.

I certify that I have read this form and that I understand its contents. I also understand that I have a right to receive a copy of this authorization upon request.

_____ _____
NAME (PLEASE PRINT) SIGNATURE

_____
DATE

MEDICARE PATIENTS ONLY!

Eric Wexler M.D., Ph.D.
2730 Wilshire Blvd, SUITE 325 Santa Monica CA 90403
Tel: 310-744-1250 -- Fax: 310-919-1919

Private Contract

This agreement is between Eric Wexler M.D., Ph.D., whose principal place of business is 2730 Wilshire Blvd, suite 325, Santa Monica CA, 90403 and
Beneficiary: Medicare ID #

Who resides at:
and is a Medicare Part B beneficiary seeking services covered under Medicare Part B pursuant to Section 4507 of the Balanced Budget Act of 1997. The Physician has informed Beneficiary or his/her legal representative that Physician has opted out of the Medicare program effective on August 1, 2001 for a period of at least two years, to expire on July 31, 2003. The physician is not excluded from participating in Medicare Part B under [1128] 1128, [1156] 1156, or [1892] 1892 of the Social Security Act. Beneficiary or his/her legal representative agrees, understands and expressly acknowledges the following:
Initial
_____ Beneficiary or his/her legal representative accepts full responsibility for payment of the physician's charge for all services furnished by the physician.
_____ Beneficiary or his/her legal representative understands that Medicare limits do not apply to what the physician may charge for items or services furnished by the physician.
_____ Beneficiary or his/her legal representative agrees not to submit a claim to Medicare or to ask the physician to submit a claim to Medicare.
_____ Beneficiary or his/her legal representative understands that Medicare payment will not be made for any items or services furnished by the physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.
_____ Beneficiary or his/her legal representative enters into this contract with the knowledge that he/she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare, and the beneficiary is not compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.
_____ Beneficiary or his/her legal representative understands that Medi-Gap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.
_____ Beneficiary or his/her legal representative acknowledges that the beneficiary is not currently in an emergency or urgent health care situation.
_____ Beneficiary or his/her legal representative acknowledges that a copy of this contract has been made available to him.

Executed on:
Date
By (sign here)

Beneficiary or his/her legal representative

And:
Eric Wexler M.D., Ph.D.

Recreational Substance Use

Have you ever used the following, and how much do you currently consume? (INCLUDE DATES OF MOST RECENT USE)

❑ **Cigarettes**	❑ **Ketamine**
❑ **Coffee**	❑ **Pain Killers**
❑ **Marijuana**	❑ **Mushrooms/Psilocybin**
❑ **Heroin**	❑ **Peyote/Mescaline** ❑ **Salvia** ❑ **Khatt**
❑ **Amphetamines**	❑ **LSD**
❑ **Cocaine**	❑ **Kratom**
❑ **Tranqs/Sleepers (e.g. "Benzos")**	❑ **Steroids**
❑ **Bath Salts/Mephedrone/Flakka**	❑ **Ecstacy/MDMA**
❑ **Nitrous Oxide**	❑ **"N-Bomb/smiles/25I"**
❑ **GHB or Rohypnol**	❑ **Glue or Solvents**
❑ **Alcohol**	❑ **Spice/K2**
❑ **"Robo"/Dextromethorphan** ❑ **Syrup or "purple drank"**	❑ **Laxatives**
❑ **PCP**	❑ **Other**

Review of Systems *(check all that apply)*

General Health: ❑ No Problems ❑ Lack of energy, ❑ unexplained weight gain or weight loss, ❑ loss of appetite, ❑ fever, ❑ night sweats, ❑ pain in jaws when eating, ❑ scalp tenderness, ❑ prior diagnosis of cancer, ❑ excessive thirst, ❑ Other general health problems:_____

Head & Neck: ❑ No Problems ❑ Difficulty with hearing, ❑ sinus problems, ❑ runny nose, ❑ post-nasal drip, ❑ ringing in ears, ❑ mouth sores, ❑ loose teeth, ❑ ear pain, ❑ nosebleeds, ❑ sore throat, ❑ facial pain or numbness, ❑ swallowing problems, ❑ coughing up blood. ❑ Other ENT problems:_____

Heart & Blood Vessels: ❑ No Problems ❑ Irregular heartbeat, ❑ racing heart, ❑ chest pains, ❑ swelling of feet or legs, ❑ pain in legs with walking. ❑ Other cardiovascular problems:_____

Lungs & Breathing: ❑ No Problems ❑ Shortness of breath, ❑ night sweats, ❑ prolonged cough, ❑ wheezing, ❑ sputum production, ❑ prior tuberculosis, ❑ pleurisy, ❑ oxygen at home, ❑ coughing up blood, ❑ abnormal chest x-ray. Other respiratory problems:_____

Stomach & Intestines: ❑ No Problems Heartburn, ❑ constipation, ❑ intolerance to certain foods, ❑ diarrhea, ❑ abdominal pain, ❑ difficulty swallowing, ❑ nausea, ❑ vomiting, ❑ blood in stools, ❑ unexplained change in bowel habits, ❑ incontinence. Other GI problems:_____

Urinary Tract & Genitals: ❑ No Problems Kidney Stones, ❑ Painful or frequent urination, ❑ urgency, ❑ prostate problems, ❑ bladder problems, ❑ impotence or other sexual problems. Other:_____

Muscles, Bones, Joints: ❑ No Problems Joint pain, ❑ aching muscles, ❑ shoulder pain, ❑ swelling of joints, ❑ joint deformities, ❑ back pain. Other musculoskeletal problems:_____

Skin, Hair & Breast: ❑ No Problems Persistent rash, ❑ itching, ❑ new skin lesion, ❑ change in existing skin lesion, ❑ hair loss or increase, ❑ breast changes. Other integument problems:_____

Brain & Nerves: ❑ No Problems Frequent headaches, ❑ double vision, ❑ weakness, ❑ change in sensation, ❑ problems with walking or balance, ❑ dizziness, ❑ tremor, ❑ loss of consciousness, ❑ uncontrolled motions, ❑ episodes of visual loss. Other neurological problems:_____

Mood & Thinking: ❑ No Problems Insomnia, ❑ irritability, ❑ depression, ❑ anxiety, ❑ recurrent bad thoughts, ❑ mood swings, ❑ hallucinations, ❑ obsessions/compulsions. Other psychiatric:_____

Glands: ❑ No Problems Intolerance to heat or cold, ❑ menstrual irregularities, ❑ frequent hunger/urination/thirst, ❑ changes in sex drive. Other endocrinologic problems:_____

Blood & Lymph: ❑ No Problems Easy bleeding, ❑ easy bruising, ❑ anemia, ❑ abnormal blood tests, ❑ leukemia, ❑ unexplained swollen areas. Other hematologic problems:_____

Allergic, Infectious or Immune: ❑ No Problems ❑ Seasonal allergies, ❑ hay fever symptoms, ❑ itching, ❑ frequent infections, ❑ exposure to HIV or hepatitis, ❑ recent infection; viral, ❑ bacterial or fungal. ❑ Other immunological problems:_____

❑ Any other symptoms not described above:____

Psychiatric History

Have you ever received any previous psychiatric or psychological evaluation or treatment? ❍*No* ❍*Yes*

Year	Doctor	Clinic or Hospital	Reason	Medication Used (if any)

Have you ever attempted suicide? ❍*No* ❍*Yes* If yes, please describe when, how, and what happened.

Have you or anyone in your immediate family (parents, brothers/sisters, children, aunts/uncles, grandparents) been diagnoses with any of the following conditions that may have a genetic component.

Disorder	**Me (age of onset)**	**Family Member (+age of onset)**
Bipolar Disorder (mania)		
Major Depression		
Obsessions-Compulsions (OCD)		
Panic Attacks		
PTSD		
Schizophrenia/Schizoaffective		
Anorexia/Bulimia		
Autism/Asperger's		
ADHD		
Epilepsy		
Lupus		
Leukodystrophy		
Other Autoimmune Disease		
Multiple Sclerosis		
Parkinson's Disease		
Alzheimer's Disease		
Frontotemporal Dementia		
Lewy Body Disease		
Huntington's Disease		
Wilson's Disease		
Porphyria		
Mad Cow (prion disease)		
Early-onset Dementia		
Tourette's Syndrome		
Ataxia		
Other		

Currently Perscribed Medications

Medication	Dose/Frequency	Duration	Side-Effects or adverse events

Current Over-the-counter Medications (or other perscribed medications not listed above)

Current Nutritional Supplements

Psychiatric Medications Used in Past (Commonly used medications are listed on the next page)

Medication	Dose/Frequency	Duration	Benefits Effects OR Unwanted Side-Effects/Adverse events

❑ Abilify/Aripiprazole	❑ Sarafem/Fluoxetine	❑ Mirapex/pramipexole
❑ Clozaril/Clozapine	❑ Sinequan/Doxepin	❑ Stalevo/carbidopa+ldopa+entacapone
❑ Fanapt/Iloperidone	❑ Surmontil/Trimipramine	❑ Neupro/rotigotine transdermal
❑ Prolixin/Fluphenazine	❑ Tofranil/Imipramine	❑ Parcopa/carbidopa+levodopa
❑ Geodon/Ziprasidone	❑ Vivactil/Protriptyline	❑ Comtan/entacapone
❑ Haldol/Haloperidol	❑ Wellbutrin/Bupropion	❑ Parlodel/bromocriptine
❑ Invega/Paliperidone	❑ Viibryd/Vilazodone	❑ Permax/pergolide
❑ Latuda/Lurasidone	❑ Serzone/Nefazodone	❑ Apokyn/apomorphine
❑ Loxitane/Loxapine	❑ Deseryl/Trazodone	❑ Artane/trihexyphenidyl
❑ Moban/Molindone	❑ Zoloft/Sertraline	❑ Azilect/rasagiline
❑ Navane/Thiothixene	❑ Savella/Milnacipran	❑ Benadryl/Diphenhydramine
❑ Orap/Pimozide	❑ Buspar/Buspirone	❑ Chantix/Varenicline
❑ Trilafon /Perphenazine	❑ Addyi /Flibanserin	❑ Antabuse/Disulfuram
❑ Risperdal/Risperidone		❑ Inderal/Propranolol
❑ Seroquel/Quetiapine		❑ Cytolmel/T3
❑ Stelazine/Trifluoperazine	❑ Depakote/Valproic Acid	❑ Synthroid/T4
❑ MelarilThioridazine	❑ Eskalith/Lithium Carbonate	❑ Levoxyl/T4
❑ Thorazine/Chlorpromazine	❑ Lamictal/Lamotrigine	❑ Almotriptan/Axert
❑ Zyprexa/Olanzapine	❑ Lithobid/Lithium Carbonate	❑ frovatriptan/Frova
❑ Vraylar/Cariprazine	❑ Neurontin/Gabapentin	❑ rizatriptan/Maxalt
❑ Caplyta/Lumateperone	❑ Tegretol/Carbamazepine	❑ zolmitriptan/Zomig
❑ Rexulti/brexpiprazole	❑ Topamax/Topiramate	❑ naratriptan/Amerge
❑ Saphris/Asenapine	❑ Trileptal/Oxcarbazepine	❑ eletriptan/Relpax
❑ Cobenfy (Xenomaline/Trospium)	❑ Gabitril/Tiagabine	❑ dihydroergotamine/DHE 45
❑ Anafranil/Clomipramine	❑ Keppra/Levetiracetam	❑ sumatriptan/Imitrex
❑ Asendin/Amoxapine	❑ Dilantin/Phenytoin	❑ Fiorinal/Fioracet)
	❑ Lyrica/Pregabalin	❑ Midrin:
	❑ Zonegran/Zonisamide	❑ Cafergot/ergotamine/caffeine)
❑ Cymbalta/Duloxetine	❑ Xyrem/Sodium Oxybate	❑ Diethylpropion
❑ Desyrel/Trazodone	❑ Felbatol/felbamate	❑ Adderall/Amphetamine
❑ Symbyax (Prozac & Zyprexa)	❑ Zarontin/Ethosuximide	❑ Concerta/Methylphenidate
❑ Auvelity / Dextromethorphan-	❑ Ativan/Lorazepam	❑ Daytrana/Methylphenidate Patch
❑ Bupropion/Welbutrin	❑ Klonopin/Clonazepam	❑ Desoxyn/Methamphetamine
❑ Nuedexta /Dextromethorphan-Quinidine	❑ Librium/Chlordiazepoxide	❑ Dexedrine/Dextroamphetamine
❑ Effexor/Venlafaxine	❑ Serax/Oxazepam	❑ Dextrostat/Dextroamphetamine
❑ Elavil/Amitriptyline	❑ Tranxene/Clorazepate	❑ Focalin/Dexmethylphenidate
❑ Emsam/Selegiline (patch)	❑ Valium/Diazepam	❑ Metadate ER/Methylphenidate
❑ Lexapro/Escitalopram	❑ Xanax/Alprazolam	❑ Ritalin/Methylphenidate
❑ Ludiomil/Maprotiline	❑ Sonata/Zaleplon	❑ Strattera/Atomoxetine
❑ Luvox/Fluvoxamine	❑ Ambien/Zolpidem	❑ Vyvanse/Lisdexamfetamine
❑ Marplan/Isocarboxazid	❑ Lunesta/Eszopiclone	❑ Qelbree/viloxazine
❑ Nardil/Phenelzine	❑ Rozarem/Ramelteon	❑ Phentermine
❑ Norpramin/Desipramine	❑ Vistaril/Hydroxyzine	❑ Sunosi/Solriamfetol
❑ Pamelor/Nortriptyline	❑ QUVIVIQ/daridorexant	❑ Wakix/Pitolisant
❑ Parnate/Tranylcypromine		❑ Provigil/Modafanil
❑ Paxil/Paroxetine		❑ Nuvigil/Armodafanil
❑ Pexeva/Paroxetine-Mesylate		❑ Intuniv/Guanfacine
❑ Pristiq/Desvenlafaxine	❑ Eldepryl/selegiline	
❑ Prozac/Fluoxetine	❑ Cogentin/benztropine mesylate	
❑ Remeron/Mirtazapine	❑ Symmetrel/amantadine	❑ Soma/Carisoprodol
❑ Aventyl/Nortriptyline	❑ Parlodel/bromocriptine	❑ Suboxone/Buprenorphine
❑ Celexa/Citalopram	❑ Requip/ropinirole	❑ Tramadol/Ultram

Medical History

Have you ever had to be hospitalized? ❍*No* ❍*Yes* *If yes, please complete the following:*

Year	Doctor's Name	Name of Hospital	Name of Operation or Procedure

What is your current weight? *(estimate if you do not know exactly)*

What is the most you have ever weighed? When?

MEDICATION ALLERGIES: ❍*No* ❍*Yes*

Medication	Adverse Reaction

Have you ever had food allergies? ❍*No* ❍*Yes* *If yes, please describe*

FOR WOMEN ONLY:

Date your last menstrual period began

Number of pregnancies

Number of children born alive

Number of therapeutic abortions

Number of miscarriages or stillbirths

Have you had a Pap smear within the last year? ◯ *No* ◯ *Yes*

Do you use any contraceptive method? ◯ *No* ◯ *Yes* If yes, which?

Do you examine your breasts for lumps? ◯ *No* ◯ *Yes*

Have you recently had any of the following tests? If yes, when and why?

❑ Physical Exam	Date		Purpose	
❑ Blood Tests	Date		Purpose	
❑ Chest X-ray	Date		Purpose	
❑ Electrocardiogram (EKG)	Date		Purpose	
❑ Brain Scan (MRI, CT)	Date		Purpose	
❑ EEG	Date		Purpose	

Diagnoses you have received, at any time in the past, writing dates to RIGHT of diagnosis. *(please check all that apply)*

Autoimmune Diseases
- ❑ Celiac disease (sprue)
- ❑ Dermatomyositis
- ❑ Lupus
- ❑ Pernicious anemia
- ❑ Rheumatoid arthritis
- ❑ Sjogren syndrome
- ❑ Other Autoimmune Disease
- ❑ Polyarthralgia rheumatica
- ❑ Scleroderma

Cardivascular/Heme
- ❑ High Cholesterol
- ❑ Claudication
- ❑ High Blood Pressure
- ❑ Heart failure/CHF
- ❑ Arrhythmia
- ❑ Heart defect
- ❑ Anemia
- ❑ Sickle-cell Anemia
- ❑ Porphyria
- ❑ Phenylketonuria (PKU)
- ❑ metabolic disorder

Endocrine
- ❑ Goiter
- ❑ Thyroid Disease
- ❑ Other Hormone Problem
- ❑ Diabetes
- ❑ Pituitary problems
- ❑ Cushing's syndrome
- ❑ Addison's disease
- ❑ Graves disease
- ❑ Hashimoto's thyroiditis

ENT/Misc
- ❑ Glaucoma
- ❑ Severe Cuts or Lacerations
- ❑ Broken Bones
- ❑ Amputation
- ❑ Drug Poisoning
- ❑ Toxic Exposures
- ❑ Reflex Sympathetic dystrophy
- ❑ Fibromyalgia
- ❑ Cancer *(Any type)*

GI
- ❑ Peptic (Stomach) Ulcers
- ❑ Diabetes
- ❑ Colitis
- ❑ Cirrhosis
- ❑ Pancreatitis
- ❑ Irritable Bowel
- ❑ Diverticulitis
- ❑ Diverticulosis
- ❑ Ulcerative colitis
- ❑ Crohn's disease
- ❑ Hemorrhoids

GU
- ❑ Endometriosis
- ❑ Urinary incontinence
- ❑ Hysterectomy
- ❑ Oophrectomy
- ❑ Birth Defects
- ❑ Other gynecological
- ❑ Sexual dysfunction
- ❑ Painful intercourse
- ❑ Kidney stones

Infections
- ❑ Blood Infection
- ❑ Parasite infection
- ❑ Whipple's disease
- ❑ HIV
- ❑ Lyme Disease
- ❑ Herepes/Shingles
- ❑ Hepatitis
- ❑ Malaria
- ❑ Gonorrhea
- ❑ Syphilis
- ❑ Chlamydia
- ❑ UTI
- ❑ Pneumonia
- ❑ Chagas
- ❑ Tuberculosis
- ❑ Rheumatic Fever
- ❑ Scarlet fever
- ❑ Mumps
- ❑ Measles
- ❑ Rubells
- ❑ Chicken pox
- ❑ Tularemia
- ❑ Psitacosis
- ❑ Other STD

Neurological
- ❑ Ataxia
- ❑ Head Injury
- ❑ Headaches
- ❑ Meningitis
- ❑ Epilepsy
- ❑ Stroke
- ❑ Lewy Body Disease
- ❑ Parkinson's Disease
- ❑ Leukodystrophy
- ❑ Tourette's Syndrome
- ❑ Early Dementia
- ❑ Wilson's Disease
- ❑ Multiple Sclerosis
- ❑ Mad Cow (prion disease)
- ❑ Frontotemporal Dementia
- ❑ Huntington's Disease
- ❑ Alzheimer's Disease
- ❑ Encephalitis
- ❑ Multiple sclerosis
- ❑ Myasthenia gravis

Psychiatric
- ❑ ADHD
- ❑ Schizophrenia-Schizoaffective
- ❑ Obsessions-Compulsions (OCD)
- ❑ Autism-Asperger's
- ❑ PTSD
- ❑ Major Depressive Disorder
- ❑ Anorexia-Bumia
- ❑ Panic Attacks
- ❑ Bipolar Disorder (mania)
- ❑ Conversion Disorder
- ❑ Intermittent Explosive Disorder
- ❑ Trichotillomania
- ❑ Pyromania
- ❑ Compulsive Gambling
- ❑ Kleptomania
- ❑ Sexual disorder
- ❑ Sex addiction
- ❑ Other addiction
- ❑ Substance Abuse-addiction
- ❑ Dissociative disorder
- ❑ Personality disorder

Resipiratory
- ❑ Asthma
- ❑ COPD
- ❑ Emphysema
- ❑ Pulmonry fibrosis

Family Background and Childhood History:

Were you adopted? ○ Yes ○ No. Where did you grow up? _____

List your siblings and their ages: _____

What was your father's occupation? _____

What was your mother's occupation? _____

Did your parents' divorce? ○ Yes ○ No. If so, how old were you when they divorced? _____

If your parents divorced, who did you live with? _____

Describe your father and your relationship with him. _____

Describe your mother and your relationship with her. _____

How old were you when you left home? _____

Has anyone in your immediate family died? ○ Yes ○ No. _____

Did you ever have irresistible urges to hurt, attack, kill someone or destroy their property?

Did you ever gamble, whether you can afford to or not?

Have you ever had the experience of:

- ❑ Finding yourself in a place and having no idea how you got there
- ❑ Minutes, hours or days having gone by without any memory of what has happened during that time
- ❑ Having no memory for some important events in your life (for example, a graduation, wedding, death)

Trauma History:

❑ Have you suffered serious injury from war, accent or natural disaster ○ Yes ○ No.

❑ Have you ever filed a personal injury, or workman's compensation or medical malpractice lawsuit? ○ Yes ○ No

❑ Were you subject to physical, sexual or verbal abuse ○ Yes ○ No. If so, please describe when, where and by whom _____

_____.

Educational History:

What is your highest educational level or degree attained? _____

Did you attend college? ○ Yes ○ No. Where? _____ Major _____

Occupational History:

Are you currently: ○ Working, ○ Not working by choice, ○ Unemployed, ○ Disabled, ○ Retired

How long in present position? _____

What is/was your occupation? _____

Where do you work? _____

Have you ever served in the military? _____ If so, what branch and when? _____

❑ Honorable Discharge ❑ Medical Discharge ❑ Dishonorable Discharge

❑ Arrested for any reason: ❑ Prison ❑ Jail Was the crime violent Yes/No. Dates incarcerated _____

Relationship History and Current Family:

Have you ever been in a long-term romantic relationship?

Are you currently: ○ Married ○ Divorced ○ Single ○ Widowed. How long? _____

If not married, are you currently in a relationship? ○ Yes ○ No. If yes, how long? _____

Are you sexually active? ○ Yes ○ No. How would you identify your sexual orientation _____

What is your spouse or significant other's occupation? _____

Describe your relationship with your spouse or significant other: _____

Have you had any prior marriages? Yes/No If so, how many? _____ How long? _____

Do you have children? ( ) Yes ( ) No. If yes, list ages and gender _____

Describe your relationship with your children: _____

List everyone who currently lives with you? _____

Have you recently experienced any stressful life events (in last 2 years):

❑ Marriage or engagement	❑ Personal injury or illness
❑ Separation or divorce Sexual difficulties	❑ Breakup of important relationship
❑ Changes in school, work	❑ Death of close family, friend
❑ Changes in residence	❑ Child left home
❑ Financial disorder	❑ Bad health of family, friend
❑ Legal difficulties	❑ Other

Depression							***Anxiety***							
Instructions: Put a check (√) to indicate how much you have experienced each symptom during the past week, including today.		Absent	Somew	Moderat	A lot	Extreme	Instructions: Put a check (√) to indicate how much you have experienced each symptom during the past week, including today.		Absent	Somewhat	Moderately	A lot	Extremely
		0	1	2	3	4			0	1	2	3	4
THOUGHTS AND FEELINGS	1. Feeling sad or down in the dumps						**ANXIOUS FEELINGS**	Anxiety, nervousness, worry, or fear					
	2. Feeling unhappy or blue							Feeling things around you are strange or foggy					
	3. Crying spells or tearfulness							Feeling detached from all or part of your body					
	4. Feeling discouraged							Sudden unexpected panic spells					
	5. Feeling hopeless							Apprehension or a sense of impending doom					
	6. Low self-esteem							Feeling tense, stress, “uptight"					
	7. Feeling worthless or inadequate						**ANXIOUS THOUGHTS**	Difficulty concentrating					
	8. Guilt or shame							Racing thoughts					
	9. Criticizing yourself or blaming others							Frightening fantasies or daydreams					
	10. Difficulty making decisions							Feeling on the verge of losing control					
ACTIVITIES AND PERSONAL RELATIONSHIPS	11. Loss of interest in family, friends or colleagues							Fears of cracking up or going crazy					
	12. Loneliness							Fears of fainting or passing out					
	13. Spending less time with family or friends							Fears of illnesses, heart attacks or dying					
	14. Loss of motivation							Fears of looking foolish in front of others					
	15. Loss of interest in work or other activities							Fears of being alone, isolated or abandoned					
	16. Avoiding work or other activities							Fears of criticism or disapproval					
	17. Loss of pleasure or satisfaction in life							Fears that something terrible will happen					
PHYSICAL SYMPTOMS	18. Feeling tired						**PHYSICAL SYMPTOMS**	Skipping, racing or pounding of the heart					
	19. Difficulty sleeping or sleeping too much							Pain, pressure or tightness in the chest					
	20. Decreased or increased appetite							Tingling or numbness in the toes or fingers					
	21. Loss of interest in sex							Butterflies or discomfort in the stomach					
	22.Worrying about your health							Constipation or diarrhea					
SUICIDAL URGES	23. Do you have any suicidal thoughts?							Restlessness or jumpiness					
	24. Would you like to end your life?							Tight, tense muscles					
	25. Do you have a plan for harming yourself?							Sweating not brought on by heat					
								A lump in the throat					
								Trembling or shaking					
								Rubbery or “jelly” legs					
								Feeling dizzy. Lightheaded or off balance					
								Choking or smothering sensations					
								Headaches or pains in the neck or back					
								Hot flashes or cold chills					
								Feeling tired, weak or easily exhausted					

COMPLETE NEXT TWO PAGES ONLY IF ADHD IS A CURRENT DIAGNOSIS

Adapted Brown Adult ADD Scales

Patient Name: Date:

Collateral Name & Relationship to Patient:

Instructions: Circle the correct number to the right of each question to indicate your belief about your behaviors as a young adult, ideally before receiving medications. If possible, please have a close relative or partner independently fill out a copy of this rating scale.	Rarely	1-4/month	2+/week	Daily
1. Listens & tries to pay attention (e.g. in a meeting, lecture, or conversation but mind often drifts; misses out on desired information.	0	1	2	3
2. Experiences excessive difficulty getting started on tasks (e.g., doing paperwork or contacting people.	0	1	2	3
3. Feels excessively stressed or overwhelmed by tasks that should be manageable (e.g., "no way I can do all this now; this is way too much" though it really isn't all that bad).	0	1	2	3
4. "Spaces out" involuntarily & frequently when doing required reading; keeps thinking of things that have nothing to do with what is being read.	0	1	2	3
5. Easily side tracked; starts a task then switches to doing something less important.	0	1	2	3
6. Loses track in required reading of what has just been read " needs to read it again." Understands the words, but what was read "just doesn't stick".	0	1	2	3
7. Excessively forgetful about what's been said, done, or heard in the past 24 hours.	0	1	2	3
8. Remembers some of the details in required reading but has difficulty grasping the main idea.	0	1	2	3
9. Is easily frustrated & excessively impatient.	0	1	2	3
10. Bogs down when presented with many things to do. Has difficulty setting priorities, getting organized, and then getting started.	0	1	2	3
11. Procrastinates excessively; keeps putting things off; "I'll do it later", or, "I'll do it tomorrow."	0	1	2	3
12. Feels sleepy or tired during the day, even after decent sleep the night before.	0	1	2	3
13. Is disorganized; has excessive difficulty keeping track of plans, money, or time.	0	1	2	3
14. Can't complete tasks in the allotted time; needs extra time to finish satisfactorily.	0	1	2	3
15. Intends to do things but forgets (e.g., turn off appliances, get things from the store, return phone calls, keep appointments, pay bills, do assignments).	0	1	2	3
16. Is criticized by self or others for being lazy.	0	1	2	3
17. Produces inconsistent quality of work. Performance quite variable—slacks off unless pressure is on.	0	1	2	3
18. Is sensitive to criticism from others; feels it deeply or for a long time; gets overly defensive.	0	1	2	3
19. Tends to be slow to react or to get started; sluggish or slow-moving; doesn't jump right into things; slow to answer questions or to get ready to do something.	0	1	2	3
20. Becomes irritated easily; "short-fused" with sudden outbursts of anger.	0	1	2	3
21. Excessively rigid or is perfectionistic (has to get things just so, "picky, picky, picky").	0	1	2	3
22. Receives criticism for not working up to potential (e.g., "could do so much better if only....would try harder or work more consistently").	0	1	2	3
23. Gets lost in daydreaming or is preoccupied with own thoughts.	0	1	2	3
24. Has difficulty expressing anger appropriately to others; doesn't stand up for self.	0	1	2	3
25. "Runs out of steam" & doesn't follow through; effort fades quickly.	0	1	2	3
26. Easily distracted from tasks by background noises or activities; needs to check out whatever else is going on.	0	1	2	3
27. Has a hard time waking up in the morning; finds it very difficult to get out of bed.	0	1	2	3

28. In writing, must repeatedly erase, scratch out, or start over because of minor mistakes.	0	1	2	3
29. Frequently feels discouraged, depressed, sad, or down.	0	1	2	3
30. Tends to be a loner among peers, keeps to self, and is shy; doesn't associate much with friends of same age.	0	1	2	3
31. Appears apathetic or unmotivated (others think he/she doesn't care at all about his/her work).	0	1	2	3
32. Stares off into space; seems "out of it."	0	1	2	3
33. Often leaves out words or letters in writing.	0	1	2	3
34. Has sloppy, hard-to-read penmanship.	0	1	2	3
35. Forgets to bring—or loses track of—needed items such as keys, pencils,bills, & paperwork (I know it's here someplace; I just can't find it right now...").	0	1	2	3
36. Doesn't seem to be listening and gets complaints from others about it.	0	1	2	3
37. Needs to be reminded by others to get started or to keep working on tasks that need to be done.	0	1	2	3
38. Has difficult memorizing (e.g., names, dates, information at work).	0	1	2	3
39. Misunderstands directions for assignments, completion of forms, etc.	0	1	2	3
40. Starts tasks (e.g., paperwork, chores) but doesn't complete them.	0	1	2	3

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist Answer based on how you are, on average, over the past week between 8am-4pm.	Never	Rarely	Sometime	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
Part "A" Score =					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					
Part "B" Score =					

Eric Wexler MD, PhD
ADULT PSYCHIATRY & FORENSIC EVALUATION
2730 Wilshire Blvd, Suite 325
Santa Monica CA 90403
TELEPHONE: 310-744-5102
FAX: 310-919-1919
ewexler@modernbrains.com

OFFICE POLICIES AND PROCEDURES

Welcome

Below is information about my practice, which will help you get started with an initial evaluation and, possibly, treatment. Please take a moment to read over the following information about my policies and complete the forms prior to your first appointment (you may fax, email or bring them with you to your first appointment). By scheduling an initial appointment, you are entering into an agreement for me to provide a psychiatric evaluation service to you and in exchange you agree to abide by the policies and procedures outlined below (e.g. paying for this or future appointments even if missed, not disturbing other patients in the waiting room, etc)

Initial Evaluations. An initial evaluation for generally takes 90 minutes if the new patient forms are completed and returned in advance of your appointment. These include two types of documents, in PDF format: Administrative and New Patient: History. These provide me with an overview about your medical and social history and improve the efficiency of your first visit. Please understand that the aim of this initial session is to provide an assessment of your mental health needs and to determine the best available treatment options, which may include referral to another provider. *The evaluation is not an agreement that I will take you on as a patient.*

Location: I have relocated my practice from UCLA-Westwood to Santa Monica, effective September 1st, 2012. I am now conveniently located at 2730 Wilshire Blvd, Suite 325, at the southeast corner of Wilshire Blvd and Harvard street (two blocks past 26th street)

Parking Metered street parking is often readily available. However, for convenience you may also choose to park in the building's private underground lot, at an additional parking charge (enter from Harvard street)

Directions

Malibu: Proceed south of the PCH. At the Santa Monica Pier bear left onto I-10 East. Use Exit 1B to exit onto 20th st. Turn left onto 20th street, then right onto Wilshire Blvd.
Downtown LA-Pasedena: Take 110 South to I-10 West. Use Exit 1C "Cloverfiled Blvd/26th street". Turn left onto Cloverfield then bear left onto 26th Street. Turn right onto Wilshire Blvd, your destination will be two blocks ahead on the right side.

San Fernando Valley: Take the 405 South (East) to I-10 West. Use Exit 1C "Cloverfiled Blvd/26th street". Turn left onto Cloverfield then bear left onto 26th Street. Turn right onto Wilshire Blvd, your destination will be two blocks ahead on the right side.

Beverly Hills, Century City, Brentwood, Westwood, Bel Air: You may prefer to use local streets to get here. Please keep in mind that during busy times of the day Google maps is not always correct. Wilshire Blvd is usually preferable to Santa Monica Blvd because the timing of the traffic lights on the latter slows down the flow of cars.

When you arrive: Once you enter the building take the elevator to the third floor, then turn right and proceed to the end of the hallway. Once inside the waiting room, press the light next to the nameplate for Eric Wexler, M.D. to alert me that you have arrived

Appointments: Ongoing psychotherapy sessions are scheduled weekly and last 50 minutes. Medication management (pharmacotherapy) visits are scheduled for 25- or 40-minute appointments, depending upon your needs. The appointment time is reserved for you so it is important that you are

on time. If you are late, your appointment may still conclude at the end of your scheduled appointment time. If significantly late, you may have to reschedule your appointment and will be charged my usual fees.

48-Hour Cancellation Policy (Including initial visit) The scheduled appointment time is reserved specifically for the patient and this is your time. Therefore, if you are unable to keep an appointment, please be sure to cancel at least 48 business hours in advance or you will be charged my usual fee for that session. Please be aware that insurance companies generally do not reimburse for a cancelled session. For urgent appointments, those scheduled less than 48 hours prior to the appointment; you are responsible for the full initial visit fee. Similarly, if you terminate a visit prior to its scheduled end time you are still responsible for the full visit fee. In other words, you are paying to reserve my time in exchange for my expertise and advice, how you choose to use it is your choice and I respect it.

Payments and Reimbursement Payment of fees is expected at the time of service; methods of payment include credit card (Mastercard Visa AMEX or Discover), cash or check. ACH or wire transfers are reserved for payment of larger fees.

Most services are billed at a rate of $700/hr., before any applied discounts or surcharges. These rates apply only to “doctor-patient” type service and do not apply to forensic (medico-legal) services (e.g. evaluations, testimony in court or by deposition, expert consulting) or other business-type consulting. Any discounts are predicated on the patient maintaining a valid credit card on file in perpetuity or a retainer of $2000 (refundable upon termination), to insure against non-payment of future visits. I understand that failing to pay owed fees in a timely manner (net 45 days) will incur a late fee of 3% of the outstanding balance and fees will continue to be compounded monthly until the balance is paid off. If a balance is not paid for greater than 90 days then Dr. Wexler may choose assign this unpaid debt to a third party agency. By accepting the terms contained herein and in exchange for Dr. Wexler’s services you are agreeing to allow third party collection services to contact you in any manner they see fit and until the debt is satisfied. If you do not accept these terms for services provided subsequent to the initial evaluation you must offer alternate terms to be evaluated by Dr Wexler, within 31 calendar days of your initial visit, which Dr. Wexler may or may not accept as agreeable for providing ongoing services.

I reserve the right to charge on a “time-spent” basis, not on a per service basis. In other words, at my sole discretion, I will charge you based on how much time I spend on *your* care, not necessarily the time I spend talking with you. By extension this includes any time spent communicating with other providers of medical or legal services (e.g. conference calls, written reports, depositions). Consultations of significant length occurring between office appointments are billed at the same rate as an office visit, independent of their mode of communication. “Significant” is defined at my sole discretion; however, I often waive fees for individual phone calls less than 5 minutes, fewer than 2 calls per week and total time spent less than 15 minutes between visits. “Calls” are defined as any form of communication, including, but not limited to telephone, video, email, written letter, preparation of written reports, etc. The final charges billed to you are rounded up or down to the nearest 5 minutes. I reserve the right to “bulk or bundle-bill,” the practice of pooling time spent on several small matters into a single charge (e.g. if you call me 6 days in a row and each call last 4 minutes, I will charge you for 30 minutes (6 calls rounded up to 5 minutes each).

Amounts owed to this office may constitute medical debt under the law. A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.”

Insurance. I am not on insurance panels, and would likely be considered an “out-of-network” provider under the terms of your insurance policy. If you elect to seek reimbursement from your insurance company for my services, I will provide a monthly statement that you can submit to your insurance company. You are responsible for collecting reimbursement from your insurance company or other funding source, and for negotiating any claims. You are solely responsible for payment of your medical care, regardless of what your insurance company agrees to reimburse. If you seek reimbursement and your insurer sends the reimbursement check to me I will void the check and return it to the insurer.

I cannot accept these checks and transfer the money to you because of the financial (and administrative) liability incurred – I apologize for this inconvenience.

Disclosures to carriers: Most insurance companies require information about your diagnosis, the type of service provided, the date of the session, and fees. I will include this information on your statement, at your request. In some cases, insurance companies require that the physician send information about the patient's diagnosis and treatment plan, progress reports, and other records. Almost all insurance companies state that they will keep this information confidential, but I cannot assure this. For example, some may share the information they receive with a national medical information data bank for the purposes of deciding eligibility for future life, disability, health, and other insurance. Before I send any information to an insurance company, I will talk with you first, discuss the information to be provided, and obtain your written permission to do so. You have a choice about whether to release medical information requested by an insurance carrier, but if you refuse to have information released, most insurance programs will not reimburse for services.

Prior Authorizations: More and more often insurance carriers are either denying coverage of medications outright or requiring "Prior Authorization or PA." I cannot guarantee that a medication I prescribe will be covered by your insurance plan. I will make a reasonable effort to obtain prior authorization of your prescription, but I cannot guarantee it, nor can I devote unlimited resources towards doing so. I will complete any physician-mandated forms, however, I (staff) cannot spend HOURS on hold waiting for a clerk at the carrier to fax the forms to me. (Naturally, if you have them faxed to me at 310-919-1919 I will complete them and fax them back to the carrier)

Record Keeping I maintain a clinical chart for each patient, as required by the standards of my profession. Information in the chart includes a description of you/your family member's condition, diagnosis, treatment and progress. An entry is made for each appointment, as well as for phone communications. I keep records that may include any consent, information release, assessment, insurance documents, outside treatment/testing, or other records completed or collected during the course of treatment. Clinical records are kept in a locked cabinet and/or as password-protected files. Information contained in this record will not be released without your written consent except in the circumstances outlined below and as explained in the Notice of Privacy Practices.

Prescriptions It is my policy to only write and refill prescriptions for psychotropic medications when you (the patient) seen in person at a scheduled appointment. In emergency cases, I may authorize medication refills by phone or fax to your pharmacy, but generally I like to see my patients for regular, at least monthly, appointments. If you need a prescription "called" in before your next regular appointment, please give me at least a week to process your request. This will prevent any interruption in your medication use. It is best to contact your pharmacy directly when you need a medication refill, and they will fax me a refill request form. "called in" refers to any electronic communication with the dispensing pharmacy. Almost all prescription are delivered through electronic prescribing or electronic controlled prescribing and as such you give permission for the full functional use of this software. Individuals wishing to opt out of electronic prescribing will be charged a $1000 per year administrative fee to cover the additional administrative inconvenience and should be aware that some controlled substance can only be prescribed electronically.

Phone Calls If you need to reach me between appointments, please call 310-744-5102 and leave a message with your telephone number, even if you think I have it, and some times when you may be reached. Phone consultations lasting over 5 minutes are subject to a fee (See *Payments and Reimbursement* above). Please consider the need for a more immediate appointment if a longer conversation is necessary.

E-mail Correspondence You are welcome to send non-urgent information to me by e-mail, but I cannot guarantee the confidentiality or security of e-mail correspondence (for example, from hackers) despite my use of password-protected electronic mail.

Video Conferencing. Video sessions (e.g. Skype, Facetime) are inherently less secure than face to face meetings. For example the popular services record sessions on their servers. By requesting a video session you are (1) acknowledging the higher probability that others may gain access to personal information about you, and (2) waiving your rights and protections under HIPPA, and (3)

giving your active consent to have your protected health information (e.g. name, voices, life details) recorded by me, by the video service conferencing service; thereby effectively releasing this information to all parties affiliated with me or the video conferencing service.

Text Messaging "Texting" is NOT for clinical communications and not HIPPA compliant (1) Text messaging it is NOT encrypted, (2) Text messaging cannot show full audit trails of when the messages are received and read, and (3) Text messaging cannot ensure priority delivery; a message about a patient in critical condition could be in the queue hidden behind other nonsense messages. Therefore, text messaging is not appropriate for communications related to your clinical information, including, but not limited to your diagnosis, treatment plans, medications, lab results, side effects or symptoms, etc.

Urgent or Emergency Issues I will do my best to respond to phone calls as soon as possible, the same day but sometimes responses can take up to two business days to respond. Please be aware that I do NOT provide urgent, crisis or emergency services. Routine office hours are Mondays through Fridays from 9 am to 5 pm. Messages may only be checked sporadically outside of office hours and communication may not be returned until the office re-opens. If your after-hours emergency communication is not immediately answered or responded to, you should go to the nearest Emergency Room immediately or call 911 and describe your circumstances. On the occasion that I am away from my practice and not able to return messages for an extended period of more than a few days, the message on my voicemail will provide directions for contacting the doctor providing coverage.

Ending Treatment You may withdraw from treatment at any time. I recommend that we discuss a plan to terminate care before doing so, so that we have the opportunity to discuss further treatment recommendations, any potential risks for ending treatment at that time, and referral options if they are needed. Similarly, there are occasions where I determine that I am not able to provide the best quality of care for a specific patient (e.g. a patient who requires a higher level of care than I can provide on an intermittent outpatient basis). Other grounds for termination include threatening behavior, acts of violence, disruption of my practice or the office milieu, harassment of staff or myself, failure to pay for care or obtaining medication from multiple prescribers. Under those circumstances I will make reasonable referrals of other providers in the community and a reasonable bridge supply of appropriate medications (not to exceed 30 days). Failure to schedule or attend follow-up visits will be considered *de facto* your unilateral termination of care.

Confidentiality (Summary) Information shared between patient and provider is strictly confidential, with certain exceptions required by law. You hold the privilege of deciding with whom I may disclose information about evaluation and treatment. If you would like for me to share information with other providers, therapists, school officials, or other persons, please fill out an Authorization for Release of Information for each person/entity with whom you would like me to communicate. In sum, I will release information only with your written permission with the following exceptions: (1) suspected abuse or neglect of a minor, elder or dependent individual; (2) a patient is in imminent danger of harm, actively or passively, to themselves or others; (3) a patient communicates a serious threat of physical violence against another person; (4) a parent or guardian is unable to adequately provide for a child's, or other dependent's basic needs; (5) to coordinate with other prescribing physicians when a CURES search, which is mandated by the State of California, reveals potential harm due to interaction or functional duplication of scheduled medications; (6) records are ordered to be released by a judge or court; and/or as otherwise required by law.

NOTICE OF HIPAA PRIVACY POLICY: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The following is the privacy policy ("Privacy Policy") of Eric Wexler M.D. as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated there under, commonly known as HIPAA. HIPAA requires Covered Entity by law to maintain the privacy of your personal health information and to provide you with notice of Covered Entity's legal duties and privacy policies with respect to your personal health information.

We are required by law to abide by the terms of this Privacy Notice.

Your Personal Health Information We collect personal health information from you through treatment, payment and related healthcare operations, the application and enrollment process, and/or healthcare providers or health plans, or through other means, as applicable. Your personal health information that is protected by law broadly includes any information, oral, written or recorded, that is created or received by certain health care entities, including health care providers, such as physicians and hospitals, as well as, health insurance companies or plans. The law specifically protects health information that contains data, such as your name, address, social security number, and others, that could be used to identify you as the individual patient who is associated with that health information.

Uses or Disclosures of Your Personal Health Information Generally, we may not use or disclose your personal health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms that permission. The following are the circumstances under which we are permitted by law to use or disclose your personal health information.

Without Your Consent Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

Examples of treatment activities include: (a) the provision, coordination, or management of health care and related services by health care providers; (b) consultation between health care providers relating to a patient; or (c) the referral of a patient for health care from one health care provider to another. Examples of payment activities include: (a) billing and collection activities and related data processing; (b) actions by a health plan or insurer to obtain premiums or to determine or fulfill its responsibilities for coverage and provision of benefits under its health plan or insurance agreement, determinations of eligibility or coverage, adjudication or subrogation of health benefit claims; (c) medical necessity and appropriateness of care reviews, utilization review activities; and (d) disclosure to consumer reporting agencies of information relating to collection of premiums or reimbursement.

Examples of health care operations include: (a) development of clinical guidelines; (b) contacting patients with information about treatment alternatives or communications in connection with case management or care coordination; (c) reviewing the qualifications of and training health care professionals; (d) underwriting and premium rating; (e) medical review, legal services, and auditing functions; and (f) general administrative activities such as customer service and data analysis.

As Required By Law We may use or disclose your personal health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. Examples of instances in which we are required to disclose your personal health information include: (a) public health activities including, preventing or controlling disease or other injury, public health surveillance or investigations, reporting adverse events with respect to food or dietary supplements or product defects or problems to the Food and Drug Administration, medical surveillance of the workplace or to evaluate whether the individual has a work-related illness or injury in order to comply with Federal or state law; (b) disclosures regarding victims of abuse, neglect, or domestic violence including, reporting to social service or protective services agencies; (c) health oversight activities including, audits, civil, administrative, or criminal investigations, inspections, licensure or disciplinary actions, or civil, administrative, or criminal proceedings or actions, or other activities necessary for appropriate oversight of government benefit programs; (d) judicial and administrative proceedings in response to an order of a court or administrative tribunal, a warrant, subpoena, discovery request, or other lawful process; (e) law enforcement purposes for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, or reporting crimes in emergencies, or reporting a death; (f) disclosures about decedents for purposes of cadaveric donation of organs, eyes or tissue; (g) for research purposes under certain conditions; (h) to avert a serious threat to health or safety; (i) military and veterans activities; (j) national security and intelligence activities, protective services of the President and

others; (k) medical suitability determinations by entities that are components of the Department of State; (l) correctional institutions and other law enforcement custodial situations; (m) covered entities that are government programs providing public benefits, and for workers' compensation.

All Other Situations, With Your Specific Authorization Except as otherwise permitted or required, as described above, we may not use or disclose your personal health information without your written authorization. Further, we are required to use or disclose your personal health information consistent with the terms of your authorization. You may revoke your authorization to use or disclose any personal health information at any time, except to the extent that we have taken action in reliance on such authorization, or, if you provided the authorization as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy.

Miscellaneous Activities, Notice We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may contact you to raise funds for Covered Entity. If we are a group health plan or health insurance issuer or HMO with respect to a group health plan, we may disclose your personal health information to be sponsor of the plan.

Your Rights With Respect to Your Personal Health Information Under HIPAA, you have certain rights with respect to your personal health information. The following is a brief overview of your rights and our duties with respect to enforcing those rights.

Right to Request Restrictions On Use Or Disclosure You have the right to request restrictions on certain uses and disclosures of your personal health information about yourself. You may request restrictions on the following uses or disclosures: to carry out treatment, payment, or healthcare operations; (b) disclosures to family members, relatives, or close personal friends of personal health information directly relevant to your care or payment related to your health care, or your location, general condition, or death; (c) instances in which you are not present or your permission cannot practicably be obtained due to your incapacity or an emergency circumstance; (d) permitting other persons to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of personal health information; or (e) disclosure to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. While we are not required to agree to any requested restriction, if we agree to a restriction, we are bound not to use or disclose your personal healthcare information in violation of such restriction, except in certain emergency situations. We will not accept a request to restrict uses or disclosures that are otherwise required by law.

Right to Receive Confidential Communications You have the right to receive confidential communications of your personal health information. We may require written requests. We may condition the provision of confidential communications on you providing us with information as to how payment will be handled and specification of an alternative address or other method of contact. We may require that a request contain a statement that disclosure of all or a part of the information to which the request pertains could endanger you. We may not require you to provide an explanation of the basis for your request as a condition of providing communications to you on a confidential basis. We must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations. If we are a health care plan, we must permit you to request and must accommodate reasonable requests by you to receive communications of personal health information from us by alternative means or at alternative locations if you clearly state that the disclosure of all or part of that information could endanger you.

Right to Inspect and Copy Your Personal Health Information Your designated record set is a group of records we maintain that includes Medical records and billing records about you, or enrollment, payment, claims adjudication, and case or medical management records systems, as applicable. By default, you have the right of access in order to inspect and obtain a copy your personal health information contained in your designated record set, except for (a) psychotherapy notes, (b) information complied in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (c) health information maintained by us to the extent to which the provision of access to you would be prohibited by law. We may require written requests. Maintain and providing records in the default manner carries a burden of resources, which could be better used for other

purposes (e.g. time providing care to patients rather than sorting notes). By accepting the terms of these "Office Policies & Procedures" you either (1) agree to waive your right to inspect or receive a full copy of your medical record and accept that we, at our sole discretion, may provide you with a summary of the personal health information requested, in lieu of providing copies of or access to the full medical record, process notes or other personal health information collected on your behalf and agree in advance to the fees imposed for such summary or explanation, or (2) will within 30 days of ones initial contact with Dr Wexler agree to propose an alternate arrangement for providing medical records in the future. We reserve the right to deny you access to and copies of certain personal health information as permitted or required by law and at our sole discretion. All requests must be made in writing, signed, dated and accompanied by a copy of some form of government issued ID to verify your identity (i.e. to prevent "spoofing"). The form of your clinical records that at our discretion we release will be provided in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format, unless such right in advance. We will reasonably attempt to accommodate any request for personal health information by, to the extent possible, giving you access to other personal health information after excluding the information as to which we have a ground to deny access. Upon denial of a request for access or request for information, we will provide you with a written denial specifying the legal basis for denial, a statement of your rights, and a description of how you may file a complaint with us. If we do not maintain the information that is the subject of your request for access but we know where the requested information is maintained, we will inform you of where to direct your request for access.

Right to Amend Your Personal Health Information

You have the right to request that we amend your personal health information or a record about you contained in your designated record set, for as long as the designated record set is maintained by us. We have the right to deny your request for amendment, if: (a) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment, (b) the information is not part of your designated record set maintained by us, (c) the information is prohibited from inspection by law, or (d) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial, and a description of how you may file a complaint with us or the Secretary of the U.S. Department of Health and Human Services ("DHHS"). This denial will also include a notice that if you do not submit a statement of disagreement, you may request that we include your request for amendment and the denial with any future disclosures of your personal health information that is the subject of the requested amendment. Copies of all requests, denials, and statements of disagreement will be included in your designated record set. If we accept your request for amendment, we will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as having received personal health information of yours prior to amendment and persons that we know have the personal health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to your detriment. All requests for amendment shall be sent to Eric Wexler MD, PhD, 2730 Wilshire Blvd Suite 325, Santa Monica CA 90403. .

Right to Receive An Accounting Of Disclosures Of Your Personal Health Information

Beginning April 14, 2003, you have the right to receive a written accounting of all disclosures of your personal health information that we have made within the six (6) year period immediately preceding the date on which the accounting is requested. You may request an accounting of disclosures for a period of time less than six (6) years from the date of the request. Such disclosures will include the date of each disclosure, the name and, if known, the address of the entity or person who received the information, a brief description of the information disclosed, and a brief statement of the purpose and basis of the disclosure or, in lieu of such statement, a copy of your written authorization or written request for disclosure pertaining to such information. We are not required to provide accountings of disclosures for the following purposes: (a) treatment, payment, and healthcare operations, (b) disclosures pursuant to your authorization, (c) disclosures to you, (d) for a facility directory or to persons involved in your care, (e) for national security or intelligence purposes, (f) to correctional

institutions, and (g) with respect to disclosures occurring prior to 4/14/03. We reserve our right to temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, as required by law. We will provide the first accounting to you in any twelve (12) month period without charge, but will impose a reasonable cost-based fee for responding to each subsequent request for accounting within that same twelve (12) month period. All requests for an accounting shall be sent to Eric Wexler MD, PhD, 2730 Wilshire Blvd Suite 325, Santa Monica CA 90403.

Complaints You may file a complaint with us and with the Secretary of DHHS if you believe that your privacy rights have been violated. You may submit your complaint in writing by mail Eric Wexler MD, PhD, 2730 Wilshire Blvd Suite 325, Santa Monica CA 90403. A complaint must name the entity that is the subject of the complaint and describe the acts or omissions believed to be in violation of the applicable requirements of HIPAA or this Privacy Policy. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing any complaint.

Amendments to this Privacy Policy We reserve the right to revise or amend this Privacy Policy at any time. These revisions or amendments may be made effective for all personal health information we maintain even if created or received prior to the effective date of the revision or amendment. We will provide you with notice of any revisions or amendments to this Privacy Policy, or changes in the law affecting this Privacy Notice, by mail or electronically within 60 days of the effective date of such revision, amendment, or change.

On-going Access to Privacy Policy We will provide you with a copy of the most recent version of this Privacy Policy at any time upon your written request sent to Eric Wexler MD, PhD, 2730 Wilshire Blvd Suite 325, Santa Monica CA 90403. For any other requests or for further information regarding the privacy of your personal health information, please contact us Eric Wexler MD, PhD, 2730 Wilshire Blvd Suite 325, Santa Monica CA 90403.

If you have any questions about these policies or any of the information above, I would be happy to discuss them with you in further detail. Thank you.

Other FAQs.

What kind of patients/problems do you see in your practice?

I am an adult psychiatrist and psychopharmacologist with a special interest in mood and psychotic disorders (e.g. Bipolar or Schizophrenia). I offer evaluation and treatment services to patients 18 and older. I also offer specialized consultations to patients with concurrent neurological problems.

Can you see me for medications if I am currently seeing another therapist? Another psychiatrist?

Yes. I am glad to meet with you for medication consultation and management sessions if you are concurrently seeing another psychotherapist. In fact, more than half of my current patients are referred to me by their therapist. Similarly, I am happy to provide ”second opinion” type consultations, but you can have only one treating psychiatrist (i.e. only one physician can be prescribing your medications.

How soon can I be seen, I really need help.

My policy is to see patients within two business days and often the same day, as needed. Evening and sometimes weekend appointments are also available for urgent evaluations.

How long will I need treatment?

You never "need" to be in treatment. The care I provide is designed to improve your quality of life. You should only want to remain in treatment as long as you are getting meaningful benefits from it. Unfortunately, there is no simple answer to how long this will last. It is highly specific to each individual and is determined by the nature and severity of symptoms. For example, patients suffering from panic attacks may require only a few months of psychotherapy while an individual with schizophrenia should probably remain on their medications for life. After the initial evaluation, I am usually able to give a much better idea of what duration of treatment would be optimal.

How often will you need to see me for follow-up visits?

The frequency of follow-ups is determined by the nature of your illness (e.g. stability) and the medications you are taking. While there is no single number, here some general guidelines.

- Anyone whose condition is unstable should be seen at 2-4 week intervals, at a minimum.
- Anyone whose condition is severe should be seen monthly or bimonthly.
- Patients with Bipolar disorder, Schizophrenia or Schizoaffective disorder should be seen monthly for the first year+ and then when stable, quarterly.
- Anyone who has been hospitalized or seen in an emergency room for a psychiatric issue should be seen within two weeks of discharge.
- Independent of clinical stability, patients taking Lithium, Divalproex/valproic acid, Carbamazepine, Oxcarbazine, Clozapine, or another drug that requires regular blood test, should be seen monthly for the first year and then when stable quarterly.
- Patients taking Schedule II drugs (e.g. amphetamine) should be seen quarterly (when stable), in accordance with DEA guidance. Patients taking sedative/tranquilizers or other Schedule III-IV drugs must be seen at least semi-yearly even if stable so as to monitor for cognitive or movement problems.

I'm told some medications require blood tests, how do I get those?

Normally, the order will be sent electronically directly to Quest Diagnostics for any specialized test. *****For patients taking Lithium, Depakote (Valproic acid or Divalproex), Tegretol (Carbamazepine) you will need your blood drawn at the regular intervals Dr Wexler discussed with you when the medication was prescribed, but not less than twice yearly (failing to do so puts yourself at significant risk). If you are taking Clozapine you will need your blood drawn every week for six months, every other week for six months and then yearly thereafter.

What if Quest does not have an order for my labs (or I neeed to get them at a lab other than Quest)?

First, at the end of this packet I have included a generic preprinted order form that is pre-signed. All you need to do is check the additional boxes according to the instructions on the page (e.g. if you are taking lithium for bipolar disorder then you would fill in the box to the left of where it says "Bipolar" at the top and "Lithium" lower down the page. You can present this signed order to any lab. It is also worth noting that since 2019 Quest has allowed patients to order many of their own tests, including the comprehensive metabolic panel and complete blood count with differential. These are the two core blood tests for patients taking Lithium, Clozapine, Tegretol and Depakote. Note, some insurances require testing to be done at Labcorp. In such cases we can send your lab order directly to them, though it is not our preferred laboratory.

What should I know about the medications Dr. Wexler prescribes for me.

The following is a brief overview of medication uses, side-effects and general risks. These will be discussed in more detail during your sessions.

MOOD STABILIZING & ANTICONVULSANT MEDICATIONS

Lithium (Eskalith or Lithobid), Valproate/Valproic Acid/Divalproex Sodium (Depakote or Depakene), Carbamazepine (Equetro or Tegretol), Lamotrigine (Lamictal), Oxcarbazepine (Trileptal), Gabapentin (Fanatrex, Gabarone, Horizant, or Neurontin), Topiramate (Topamax or Topiragen)

All mood stabilizers require some level of regular blood testing, discussed further below. Some patients prefer to have their blood work done through another physician's office or at a different laboratory due to insurance reason or personal preference. If so, please ensure that we are listed a recipient of these results. Please note that there is a signed generic lab order form included in this packet that you can use at any time. It includes the minimal necessary testing for the most common drugs and instructions for completing the form. This way, even if you don't have a new lab slip, you can always get the required blood tests ("I don't have a lab order" is not a reason to not get your blood drawn).

SIDE EFFECTS OF LITHIUM

Common side effects of lithium: acne; fine hand tremor; increased thirst; nausea; low thyroid hormone (associated with brittle hair, low energy, and sensitivity to cold temperatures); rash; weight gain. lithium toxicity is a serious condition caused by having too much lithium in your system. For this reason, your doctor will require you to do periodic blood tests to ensure that lithium is not impacting your kidney or thyroid functioning. In addition, use of certain pain medications (such as ibuprofen), fever, infection, vomiting or any cause of dehydration, some blood pressure medications, diuretics, very low sodium diets or physical activity with significant sweating can cause your lithium level to increase. You should talk to your doctor about how to exercise safely.

Many of the most severe side-effects can develop very quickly (in a few hours even). These signs of acute lithium toxicity include new onset of nausea, vomiting, diarrhea, headache, loss of coordination, clumsiness or falling down, slurred speech, nystagmus (abnormal eye movements), dizziness, seizure, confusion, increased thirst, or worsening tremors. You should contact your doctor right away if you experience any of these symptoms.

SIDE EFFECTS OF ANTICONVULSANTS

Common side effects of anticonvulsants: appetite change; dizziness; double vision; headache; irritability; loss of balance or coordination; nausea; sedation; vomiting; weight gain or loss. Although rare anticonvulsant medications may increase suicidal thinking and behaviors. Close monitoring for new or worsening symptoms of depression, suicidal thoughts or behavior, or any unusual changes in mood or behavior is advised.

Lamotrigine and Carbamazepine may affect white blood cells, the liver, and other organs. individuals prescribed these medications will need to have their blood checked periodically to make sure the medications are not impacting their organs in a negative way.

Lamotrigine and Carbamazepine can also cause a serious skin rash that should be reported to your doctor immediately. in some cases, this rash can cause permanent disability or be life threatening. The risk for getting this rash can be minimized by very slowly increasing your dose of lamotrigine. This rash occurs to a lesser extent with Carbamazepine although the risk is higher for individuals of asian ancestry, including west and south asians.

Depakote carries specific uncommon risks of Thrombocytopenia (aslight lowering of platelets not uncommon; significant problems more likely in elderly), Polycystic ovarian syndrome (PCOS) in about 10% of women (irregular periods, hirsutism, elevated testosterone), pancreatitis, hair loss or curling of hair, liver toxicity and elevated ammonia levels. Depakote and Lamotrigine each raise the blood level of the other and so dosage adjustments may be required. There are other specific interactions with Topiramate that can impair brain function.

** All anticonvulsants can significantly increase the risk of birth defects and so if there is any possibility that you are or might become pregnant, you should inform the doctor of this.

ANTIPSYCHOTIC MEDICATIONS

First Generation: Chlorpromazine (Thorazine) Fluphenazine (Prolixin) Haloperidol (Haldol) Loxapine (Loxitane or Loxapac) Perphenazine (Trilafon) Thiothixene (Navane) Trifluoperazine (Stelazine).

Second Generation (Atypical): Aripriprazole (Abilify) Asenapine (Saphris) Clozapine (Clozaril) Iloperidone (Fanapt) Lurasidone (Latuda) Olanzapine (Zyprexa) Paliperidone (Invega) Quetiapine (Seroquel) Risperidone (Risperdal) Ziprasidone (Geodon), Cariprazine (Vraylar), Brexpiprazole (Rexulti), Lumateperone (Caplyta) and Xanomeline/trospium (Cobenfy)

Long-Acting Injectable Antipsychotic Medications: Fluphenazine (Prolixin decanoate) Haloperidol (Haldol decanoate) Olanzapine (Zyprexa Relprevv) Paliperidone (Invega Sustena) Risperidone (Risperdal Consta, Uzedy), Aripiprazole (Abilify Maintenna or Aristada).. Certain antipsychotic medications are available as long-acting injectables. These medications are given every two to 12 weeks. Some patients find these more convenient because they don't have to take the medications daily. The side effects of these medications are similar to their oral counterparts.

SIDE EFFECTS OF ANTIPSYCHOTIC MEDICATIONS

Some individual experience painful muscle contractions (dystonia), which can be relieved by taking over the counter Benadryl (50mg) or a less sedating prescription medication (Cogentin). A related side effect is akathisia, which is a feeling of internal restlessness. Some individuals experience side effects that mimic symptoms of parkinson's disease, which are called parkinsonian or extrapyramidal symptoms. These include tremor, shuffling walk, and muscle stiffness. Additionally, prolonged use of antipsychotics may cause tardive dyskinesia, a condition marked by involuntary muscle movements in the face and body, tardive dystonia or tardive akathisia. An uncommon, but serious side effect is called Neuroleptic Malignant syndrome (NMs). These symptoms include high fever, muscle rigidity, and irregular heart rate or blood pressure. Contact your doctor immediately if any of these symptoms appear. Some antipsychotics (or tricyclic antidepressants) and cause or exacerbate heart arrhythmias, or worsen narrow angle glaucoma.

People taking antipsychotic medications can also experience a variety of other side effects including: unusual dreams; blank facial expression; blurred vision; breast enlargement or pain; breast milk production; constipation; decreased sexual performance in men; diarrhea; dizziness or fainting when you sit up or stand up; difficulty urinating; drowsiness; dry mouth; excessive saliva; missed menstrual periods; mood changes; nausea; nervousness; restlessness and sensitivity to the sun.

Weight gain, changes in blood sugar regulation, and changes in blood levels of lipids (cholesterol and triglycerides) are common with some antipsychotics. Therefore, your doctor will check your weight and blood chemistry on a regular basis. if you have a scale at home, it would be helpful to regularly check your own weight. each of these medications differs in their risk of causing these side effects. if you start to gain weight, talk to your doctor. it may be recommended that you switch medications or begin a diet and exercise program.

Clozapine can cause agranulocytosis, which is a loss of the white blood cells that help a person fight off infection. Therefore, people with who take clozapine must get their white blood cell counts checked frequently. This very serious condition is reversible if clozapine is discontinued. Despite these serious potential side effects, clozapine remains the gold-standard, most effective antipsychotic available and can be used safely if monitoring occurs at the appropriate time intervals.

ANTIDEPRESSANTS

Antidepressant medications are sometimes used to treat symptoms of depression in bipolar disorder. individuals who are prescribed antidepressants are usually required to take a mood-stabilizing medication at the same time to reduce the risk of switching from depression to mania or hypomania.

Research has found that antidepressants are effective for treating depression, but it is not clear exactly how they work. Brain chemicals called neurotransmitters (chemical messengers) are believed to regulate mood. Antidepressant medications work to increase the following neuro- transmitters: serotonin, norepinephrine, and/or dopamine.

All antidepressants must be taken as prescribed for 3 to 4 weeks before you can expect to see positive changes in your symptoms. It is important that you don't stop taking your medication because you think it's not working. Give it time!

Like mood stabilizers, the antidepressant you try first may not lead to improvements in mood. It may be necessary to try another medication or combination of medications. Talk to your doctor if your symptoms do not improve.

Once you have responded to treatment, it is important to continue taking your medication to prevent your symptoms from coming back or worsening. Do not abruptly stop taking your medication, even if you are feeling better, as this may result in a relapse. Medication should only be stopped under your doctor's supervision. If you want to stop taking your medication, talk to your doctor about how to correctly stop.

Here is a safe rule of thumb if you miss a dose of your antidepressant medication: if it has been 3 hours or less from the time you were supposed to take your medication, take your medication. If it has been more than 3 hours after the dose should have been taken, just skip the forgotten dose and resume taking your medication at the next regularly scheduled time. Never double up on doses of your antidepressant to "catch up" on those you have forgotten

Like all medications, antidepressants can have side effects. In many cases, they are mild and tend to diminish with time. Many people have few or no side effects, and the side effects people typically experience are tolerable and sub- side within a few days. Your doctor will discuss some common side effects with you. Check with your doctor if any of the common side effects persist or become bother- some. If you experience side effects, talk to your doctor be- fore making any decisions about discontinuing treatment. In rare cases, these medications can cause severe side effects. Contact your doctor immediately if you experience one or more severe symptoms.

There are five different classes of antidepressant medications. This handout lists antidepressant medications by class along with their common side effects.

ANTIDEPRESSANT CLASS #1: SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRI):
Fluoxetine (Prozac) Citalopram (Celexa) Sertraline (Zoloft) Paroxetine (Paxil) Escitalopram (Lexapro)

SSRIs are the most commonly prescribed class of antidepressants because they tend to have the fewest side effects. SSRIs increase the level of serotonin by inhibiting reuptake of the neurotransmitter. Common side effects for SSRIs: abnormal dreams; anxiety; blurred vision; constipation; decreased sexual desire or ability; diarrhea; dizziness; drowsiness; dry mouth; flu-like symptoms (e.g., fever, chills, muscle aches); flushing; gas; increased sweating; increased urination; lightheadedness when you stand or sit up; loss of appetite; nausea; nervousness; runny nose; sore throat; stomach upset; stuffy nose; tiredness; trouble concentrating; trouble sleeping; yawning; vomiting; weight loss.

ANTIDEPRESSANT CLASS #2: SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI): Venlafaxine (Effexor) Duloxetine (Cymbalta) Desvenlafaxine (Pristiq), Milnacipram (Fetzima)

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SNRIs are similar to SSRIs in that they increase levels of serotonin in parts of the brain. They also increase norepinephrine in the brain to improve mood. Common side effects for SNRIs: anxiety; blurred vision; changes in taste; constipation; decreased sexual desire or ability; diar- rhea; dizziness; drowsiness; dry mouth; fatigue; flushing; headache; increased sweating; loss of appetite; nausea; nerv- ousness; sore throat; stomach upset; trouble sleeping; vomit- ing; weakness; weight loss; yawning.

ANTIDEPRESSANT CLASS #3: ATYPICAL ANTIDEPRESSANTS

in addition to targeting serotonin and/or norepinephrine, atypical antidepressants may also target dopamine. They also tend to have fewer side effects than the older classes of med- ication listed below (antidepressant Classes 4 and 5). The common side effects differ for each of the medications in this class of antidepressants.

Bupropion (Wellbutrin)

Common side effects: Constipation; dizziness; drowsiness; dry mouth; headache; increased sweating; loss of appetite; nausea; nervousness; restlessness; taste changes; trouble sleeping; vomiting; weight changes.

Mirtazapine (Remeron)

Common side effects: Constipation; dizziness; dry mouth; fa- tigue; increased appetite; low blood pressure; sedation; weight gain.

Trazodone (Desyrel) Common side effects: blurred vision; constipation; decreased ap- petite; dizziness; drowsiness; dry mouth; general body dis- comfort; headache; light-headedness; muscle aches/pains; nausea; nervousness; sleeplessness; stomach pain; stuffy nose; swelling of the skin; tiredness; tremors.

Nefazodone (Serzone). Common side effects: abnormal dreams; abnormal skin sensa- tions; changes in taste; chills; confusion; constipation; de- creased concentration; decreased sex drive; diarrhea; dizziness; drowsiness; dry mouth; fever; frequent urination; headache; incoordination; increased appetite; increased cough; indigestion; lightheadedness; memory loss; mental confusion; ringing in the ears; sleeplessness; sore throat; swelling of the hands and feet; tremor; urinary retention; urinary tract infection; vaginal infection; weakness.

ANTIDEPRESSANT CLASS #4: TRICYCLICS AND TETRACYCLICS (TCA AND TECA)

This is an older class of antidepressants that also work by increasing levels of serotonin and norepinephrine in the brain. These medications are good alternatives if the newer medica- tions are ineffective.

Amitriptyline (Elavil or Endep) Amoxapine (Asendin) Clomipramine (Anafranil) Desipramine (Norpramin or Pertofrane) Doxepin (Sinequan or Adapin) Imipramine (Tofranil) Nortiptyline (Pamelor) Protriptyline (Vivactil) Trimipramine (Surmontil) Maprotiline (Ludiomil)

Common side effects for the TCAs: abnormal dreams; anxiety or nervousness; blurred vision; change in appetite or weight; changes in blood pressure; change in sexual desire or ability; clumsiness; confusion; constipation; decreased memory or concentration; dizziness; drowsiness; dry mouth; excess sweating; excitement; headache; heartburn; indigestion; nau- sea; nightmares; pounding in the chest; pupil dilation; restless- ness; sleeplessness; stuffy nose; swelling; tiredness; tremors; trouble sleeping; upset stomach; urinary retention; vomiting; weakness.

ANTIDEPRESSANT CLASS #5: MONOAMINE OXIDASE INHIBITORS (MAOI)

MAOIs are an older class of antidepressants that are not frequently used because of the need to

follow a special diet to avoid potential side effects. However, these medications can be very effective. These drugs work by blocking an enzyme called monoamine oxidase, which breaks down the brain chemicals serotonin, norepinephrine, and dopamine.

When taking MAOIs, it is important to follow a low “tyramine” diet, which avoids foods such as cheeses, pickles, and alcohol, and to avoid some over-the-counter cold medications. Most people can adopt to a low tyramine diet without much difficulty. Your doctor will provide a complete list of all food, drinks, and medications to avoid.

Phenelzine (Nardil) Tranylcypromine (Parnate) Selegiline (Emsam) patch Isocarboxazid (Marplan) [NB: medications used for other medical conditions that happen to be MAOIs: Lenazolid, Rasagiline (Azilect), Methylene Blue, Moclobemide (Aurorix, Manerix, Moclamine), Safinamide (Xadago)]

Common side effects for MAO/MAOIs: blurred vision; changes in sexual function; diarrhea, gas, constipation, or upset stomach; difficulty swallowing or heartburn; dizziness, lightheadedness or fainting; drowsiness; dry mouth; headache; nausea, muscle pain or weakness; purple blotches on the skin; rash, redness, irritation, or sores in the mouth (if you are taking the orally disintegrating tablets); sleeping problems; stomach pain, tiredness; tremors; twitching; unusual muscle movements; vomiting, unusual dreams; upset stomach; weakness

Eric Wexler MD, PhD
2730 Wilshire Blvd, STE 325
Santa Monica, CA 90403
Tel: 310744-5102
Fax: 310-919-1919
wexlersecretary@2730wilshire.com

☐**LABCORP** (account #) 04084680
☐**QUEST** (account #) 90403014

DATE: **PATIENT NAME** **DATE OF BIRTH**

DIAGNOSIS. (Check at least one diagnosis that best matches your diagnosis)

- ☐ F25.0 SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE
- ☐ F20.9 SCHIZOPHRENIA, UNSPECIFIED
- ☐ F31.9 BIPOLAR DISORDER, UNSPECIFIED
- ☐ F33.9 MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED
- ☐ F41.1 GENERALIZED ANXIETY DISORDER
- ☐ F42.9 OBSESSIVE-COMPULSIVE DISORDER, UNSPECIFIED
- ☐

SIG (ORDER): PLEASE DRAW THE FOLLOWING CHECKED BLOOD TESTS:

- ■ COMPREHENSIVE METABOLIC PANEL
- ■ CBC (INCLUDES DIFF/PLT)
- ■ TSH W/Reflex to FT4
- ■ HEMOGLOBIN A1c

Check this group if taking Valproic acid or Divalproex (Depakote)

- ☐ CALCIUM
- ☐ AMMONIA (P) LIPASE
- ☐ VALPROIC ACID, TOTAL & FREE

Check this group if taking Carbamazepine (Tegretol)

- ☐ CARBAMAZEPINE AND METABOLITE, FREE/BOUND

Check this group if taking Lithium

- ☐ LITHIUM [Blood Level]

Check this group if taking any of the following medications

Aripiprazole(Abilify), Clozapine (Clozaril), Lurasidone (Latuda), Cariprazine (Vraylar), Caplyta, Quetiapine (Seroquel), Saphris, Risperidone (Risperdal), Fanapt, Paliperidone(Invega), Clomipramine (Anafranil) , Loxapine (Loxitane), Chlorpromazine (Thorazine), Mirtazapine (Remeron), Olanzapine (Zyprexa), Amitriptyline]

- ☐ LIPID PANEL WITH REFLEX TO DIRECT LDL
- ☐ PROLACTIN

Check this group if taking Clozapine (Clozaril)

- ☐ CLOZAPINE (blood level)
- ☐ Highly Specific-CRP

OTHER

- ☐ Clomipramine
- ☐ Nortriptyline
- ☐ Desipramine
- ☐ Aripiprazole
- ☐ Risperidone & metabolite

Eric Wexler MD, PhD California Lic. A69685

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