

Northwest Psychiatry / psychiatry.fromyourdoctor.com

Please refer to our Library and enroll for Personal Updates to learn more about your diagnosis and treatment plan. The Personal Update service delivers messages with handouts, self-care tips, rebate coupons and other resources. (Personal Updates are only available for those topics with an asterisk *)

1. For Personal Updates, go to the website listed above.
2. Click the Patient Registration option and follow instructions.
3. You will be informed via email when a new Update is available.

| Conditions | Medications |
|---|--|
| <input type="checkbox"/> ADHD:Adult* | <input type="checkbox"/> Abilify* |
| <input type="checkbox"/> ADHD:Adult* | <input type="checkbox"/> Adderall* |
| <input type="checkbox"/> ADHD:Child/Adolescent* | <input type="checkbox"/> Adderall XR* |
| <input type="checkbox"/> ADHD:Child/Adolescent* | <input type="checkbox"/> Ambien |
| <input type="checkbox"/> Alcoholism / Abuse | <input type="checkbox"/> Amitriptyline |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Antabuse* |
| <input type="checkbox"/> Anxiety: Agoraphobia | <input type="checkbox"/> Buspar |
| <input type="checkbox"/> Anxiety: Social Phobia | <input type="checkbox"/> Carbatrol* |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Celexa* |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Cogentin |
| <input type="checkbox"/> Bipolar Disorder* | <input type="checkbox"/> Concerta* |
| <input type="checkbox"/> Bipolar Disorder* | <input type="checkbox"/> Depakene* |
| <input type="checkbox"/> Bipolar Disorder:Peds | <input type="checkbox"/> Depakote* |
| <input type="checkbox"/> Conversion Disorder | <input type="checkbox"/> Depakote ER |
| <input type="checkbox"/> Dementia:Alzheimer's | <input type="checkbox"/> Desipramine |
| <input type="checkbox"/> Dementia:Alzheimer's | <input type="checkbox"/> Dexedrine |
| <input type="checkbox"/> Depression* | <input type="checkbox"/> Diazepam (Valium) |
| <input type="checkbox"/> Depression* | <input type="checkbox"/> Dilantin* |
| <input type="checkbox"/> Depression: Pediatric | <input type="checkbox"/> Effexor* |
| <input type="checkbox"/> Depression: Postpartum | <input type="checkbox"/> Effexor XR* |
| <input type="checkbox"/> Drug / Substance Abuse | <input type="checkbox"/> Focalin* |
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Geodon* |
| <input type="checkbox"/> Eating Disorders* | |
| <input type="checkbox"/> Fibromyalgia* | |
| <input type="checkbox"/> OCD* | |
| <input type="checkbox"/> Oppositional Defiant | |
| <input type="checkbox"/> Pain: Chronic Pain | |
| <input type="checkbox"/> Pain: Chronic Pain | |
| | <input type="checkbox"/> Haldol |
| | <input type="checkbox"/> Klonopin |
| | <input type="checkbox"/> Lamictal* |
| | <input type="checkbox"/> Lexapro* |
| | <input type="checkbox"/> Lithium* |
| | <input type="checkbox"/> Lorazepam |
| | <input type="checkbox"/> Lunesta* |
| | <input type="checkbox"/> Lyrica |
| | <input type="checkbox"/> Melatonin |
| | <input type="checkbox"/> Metadate* |
| | <input type="checkbox"/> Navane |
| | <input type="checkbox"/> Neurontin* |
| | <input type="checkbox"/> Nicorette* |
| | <input type="checkbox"/> Nortriptyline |
| | <input type="checkbox"/> Orap* |
| | <input type="checkbox"/> Paxil* |
| | <input type="checkbox"/> Phenytoin* |
| | <input type="checkbox"/> Propranolol* |
| | <input type="checkbox"/> Provigil* |
| | <input type="checkbox"/> Prozac* |
| | <input type="checkbox"/> Razadyne* |
| | <input type="checkbox"/> Remeron |
| | <input type="checkbox"/> Risperdal* |
| | <input type="checkbox"/> Ritalin* |
| | <input type="checkbox"/> Sarafem* |
| | <input type="checkbox"/> Seroquel* |
| | <input type="checkbox"/> Serzone* |
| | <input type="checkbox"/> Sonata* |
| | <input type="checkbox"/> Stelazine |
| | <input type="checkbox"/> Strattera* |
| | <input type="checkbox"/> Tegretrol* |
| | <input type="checkbox"/> Thorazine |
| | <input type="checkbox"/> Topamax |
| | <input type="checkbox"/> Tranxene |
| | <input type="checkbox"/> Trazodone* |
| | <input type="checkbox"/> Trileptal |
| | <input type="checkbox"/> Valproic Acid* |
| | <input type="checkbox"/> Wellbutrin* |
| | <input type="checkbox"/> Xanax |
| | <input type="checkbox"/> Zolof* |
| | <input type="checkbox"/> Zyban |
| | <input type="checkbox"/> Zyprexa* |
| Tests | |
| <input type="checkbox"/> CT Scan: Head | <input type="checkbox"/> MRI: Head |
| Procedures | |
| <input type="checkbox"/> ECT | <input type="checkbox"/> VNS for Depression* |
| <input type="checkbox"/> Light Therapy | |
| General | |
| <input type="checkbox"/> Cogn. Behavior Therapy | <input type="checkbox"/> Psychotherapy |
| <input type="checkbox"/> Personal Loss | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Psychiatry: General | |

Refer to the Library section of our web site to learn about: _____

Your next appointment is on: _____ at _____ . Phone: 503-223-2600