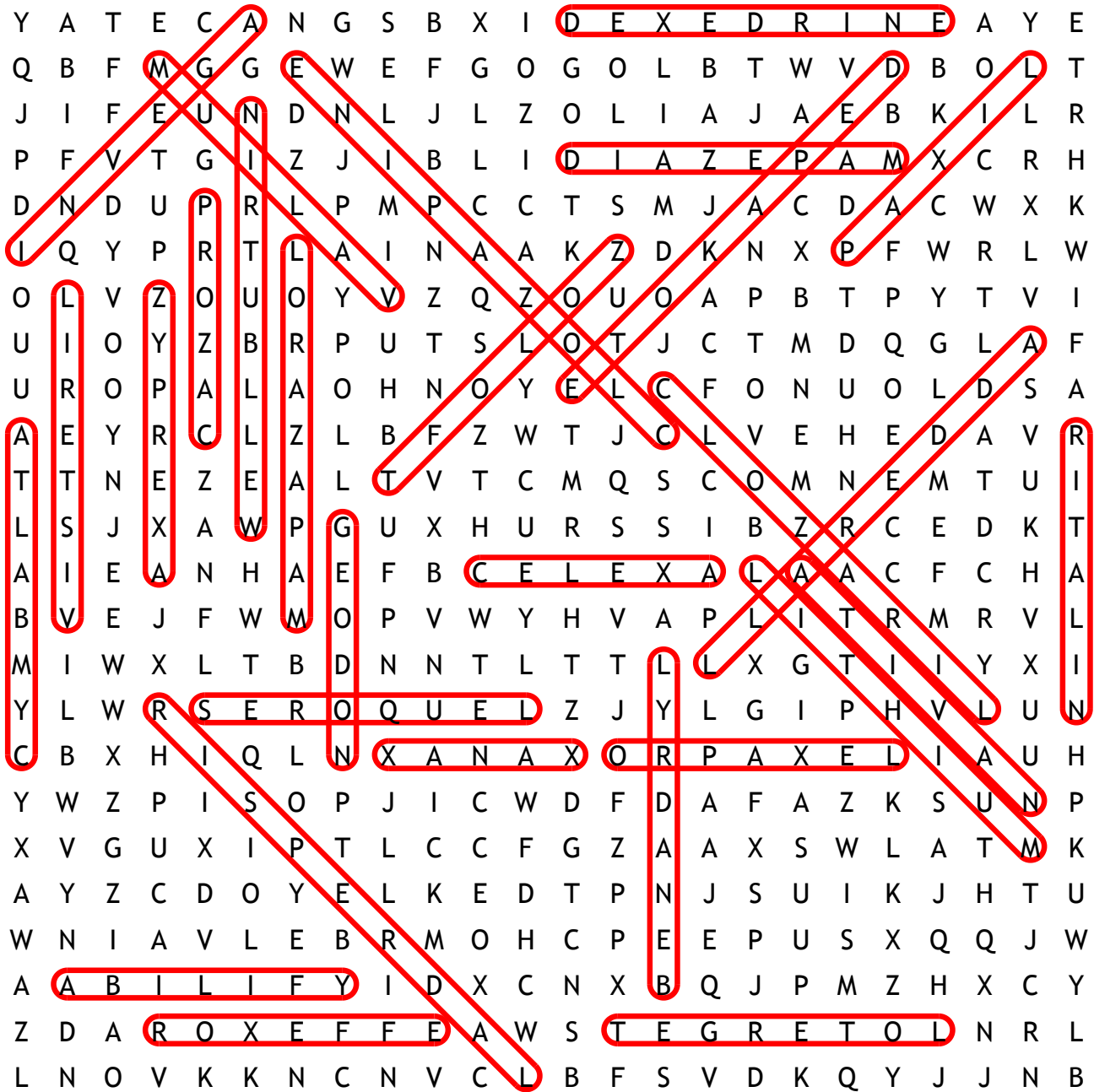


Name: _____

Date: _____

Psychotropic Medications



Invega
Geodon
Paxil
Effexor
Valium
Adderall

Clozaril
Abilify
Wellbutrin
Lexapro
Benadryl
Ritalin

Clozapine
Risperdal
Celexa
Cymbalta
Vlsteril
Lithium

Tegretol
Depakote
Prozac
Diazepam
Xanax
Ativan

Zyprexa
Seroquel
Zoloft
Lorazepam
Dexedrine