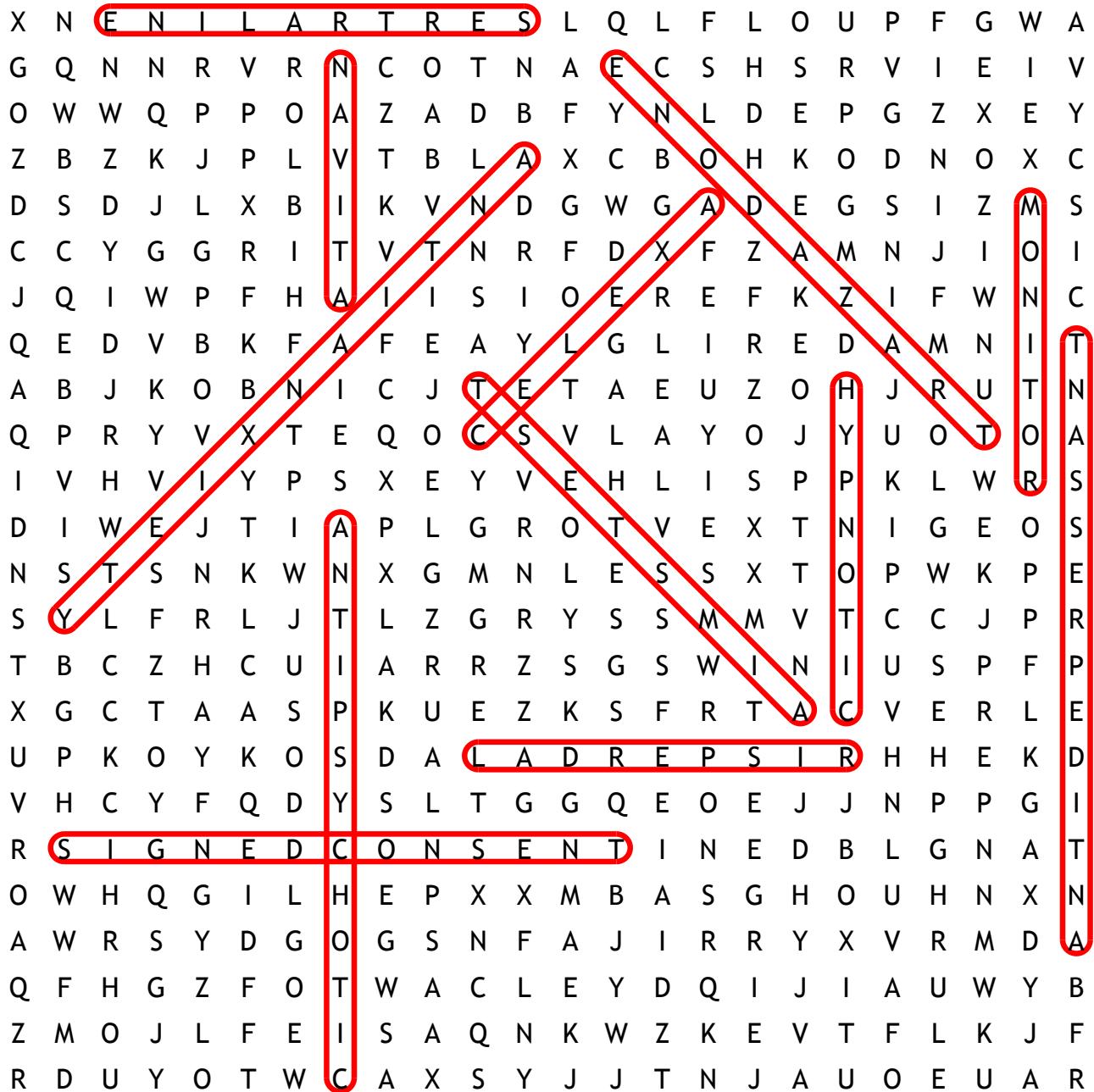


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Pyschoactive Medication



Antidepressant

Signed Consent

Antipsychotic

Antianxiety

Sertraline

AIMS TEST

Risperdal

Trazadone

Hypnotic

Monitor

Celexa

Ativan