



**Description of Service:**

TMS or Transcranial Magnetic Stimulation is an FDA approved alternate treatment approach for adults with treatment resistant depression using magnetic pulses to stimulate the area of the brain associated with depression.

**TMS Candidate Info:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cell or Home Phone: \_\_\_\_\_ Gender:  Male  Female  Other  
 Email: \_\_\_\_\_  
 Primary Insurance Carrier \_\_\_\_\_ Member ID \_\_\_\_\_  
 Secondary Insurance Carrier \_\_\_\_\_ Member ID \_\_\_\_\_

**Most insurance policies require the following criteria be met in order to approve and cover TMS treatment:**

- Must be 18 years old or older
- Primary diagnosis of Major Depressive Disorder, Moderate to Severe
- 3-4 Failed Trials of Anti-Depressant Medications OR inability to tolerate due to Severe Side Effects
- Psychotherapy or counseling for at least 6-8 weeks during current depressive episode

**Psychiatric Medication History:**

Medication	Dosage	Start Date	End Date	Effective	Side Effects
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

**Potential Treatment Rule-Outs**

	Yes/No	Explain
Any past mental health diagnosis different from current?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Past ECT treatment that was ineffective?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Current or Recent Alcohol or Substance Abuse	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any symptoms of psychosis (hallucinations or delusions)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Seizure history?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any metal in or around head (besides dental fillings) which cannot be removed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Pacemakers or other implanted medical devices?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Head Injury	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Please Fax this form to: **West Pines TMS Clinic (303) 403-6084**  
 Or Scan and email to our TMS Coordinator: [TMSCoordinator@sclhealth.org](mailto:TMSCoordinator@sclhealth.org)