



Description of Service:

Thank you for referring your patient to the West Pines TMS Clinic. 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.

Referring Provider:

Provider Name: _____
 Address: _____
 Phone: _____
 Email: _____

Patient Info:

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

Appropriate Candidate Checklist

- Major Depressive Disorder, Moderate to Severe
- (3-4) Failed Trials of Anti-Depressant Medications OR Severe Side Effects

Psychiatric Medication History: Please either fill out the following or send a medication history along with this referral

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 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	
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@scIhealth.org