modalis
Specialists in TMS Therapy

Direct Referral For Transcranial Magnetic Stimulation (TMS)

Note to referrers: TMS is delivered as part of the broader clinical care coordinated by the referrer. Therefore, we will report back to you on the patient's progress and any other issues arising during the course of the TMS treatment, for the continued care of the patient.

PATIENT DETAILS

Surname

First Name DOB / /

Address

Postcode

Telephone (H) (B) (M)

INDICATION FOR TMS

Specialist Consultation/Treatment if indicated:

☐ Depression ☐ OCD ☐ PTSD ☐ Pain Management ☐ Other Indications:

Main reason for treatment:

☐ Failure of medication ☐ Previous good response to rTMS ☐ Patient preference
☐ Difficult to treat with medications (poor tolerability/risks) Risks: ☐ Suicide ☐ Aggression/agitation

Previous neurostimulation:

☐ rTMS - how many times: ☐ ECT - how many times:

Other concurrent treatment:

☐ Psychopharmacology ☐ Psychotherapy ☐ Individual ☐ Group ☐ Exercise physiology
☐ Coaching and mentoring ☐ Other (please specify):

Potential risks:

☐ Epilepsy/history of seizures ☐ Eye injuries ☐ Pacemaker or any other implantable medical devices
☐ Neurosurgery ☐ Cochlear implant ☐ Previous problems with TMS

Allergies/other risks:

☐ No ☐ Yes Specify:

Additional information:

REFERRING PRACTITIONER

Name Provider No.

Practice Address

Contact No. Email

Doctor's Signature Date / /

REFERRER'S PLEASE NOTE: TMS PROTOCOL - TMS PLANNING FOR NEURONAVIGATION. T1 WEIGHTED MRI TO COVER NOSE, EAR AND POSTERIOR HEAD. SLICE DISTANCE 1MM. IN-PLANE RESOLUTION 1X1MM^2. PLEASE IDENTIFY BILATERAL HAND KNOBS, BILATERAL DLPFC, CZ POINTS AND BILATERAL FACE AREAS.