

## TMS Referral Form

Referring Physician:		Date:												
Phone:	Email:													
Patient's Name:		Pt Phone:												
Primary Insurance Carrier:														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>Yes</b></td> <td style="width: 10%;"><b>No</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Is the patient over 17 years old?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Does the patient have a seizure disorder or have a family history of seizure disorder?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Does the patient have any implanted metal device or object above the shoulders? (with exception of dental work)</td> </tr> </table>			<b>Yes</b>	<b>No</b>		<input type="checkbox"/>	<input type="checkbox"/>	Is the patient over 17 years old?	<input type="checkbox"/>	<input type="checkbox"/>	Does the patient have a seizure disorder or have a family history of seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>	Does the patient have any implanted metal device or object above the shoulders? (with exception of dental work)
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DIAGNOSIS		
<b>PRIMARY:</b>	/	
<b>SECONDARY:</b>	/	

*Anthem/BCBS Requires 2 medication trials & psychotherapy. Most Other Insurance Companies Require >=4 medications & psychotherapy.*

Brand Name	Generic Name	Class	Did Pt. have side effects?	Maximum Dose	Approximate Start Date	Duration
Celexa	Citalopram	SSRI				
Lexapro	Escitalopram	SSRI				
Luvox	Fluvoxamine	SSRI				
Paxil	Paroxetine	SSRI				
Prozac	Fluoxetine	SSRI				
Zoloft	Sertraline	SSRI				
Trintellix/Brintellix	Vortioxetine	SSRI				
Viibryd	Vilazadone	SSRI				
Serzone	Nefazodone	SSRI				
Cymbalta	Duloxetine	SNRI				
Effexor	Venlafaxine	SNRI				
Pristiq	Desvenlafaxine	SNRI				
Fetzima	Levomilnacipran	SNRI				
Anafranil	Clomipramine	Tricyclic				
Elavil	Amitriptyline	Tricyclic				
Norpramin	Desipramine	Tricyclic				
Pamelor	Nortriptyline	Tricyclic				
Sinequan	Doxepin	Tricyclic				
Tofranil	Imipramine	Tricyclic				
Remeron	Mirtazapine	Misc.				
Emsam	Selegiline	MAOI				
Nardil	Phenelzine	MAOI				
Parnate	Tranylcypromine	MAOI				

AUGMENTATIONS	(need >=1)					
Wellbutrin	Bupropion					

