

Guadalupe Psychiatry and Mental Health Services

Transcranial Magnetic Stimulation Referral

Fax to: (505)792-6060

Date Submitted: ____/____/____

Provider Information

Providers Name: _____

Practice Name: _____

Street Address: _____

City: _____

State: _____

ZIP

code: _____

Phone Number: _____

Fax

Number: _____

Patient Information

Patient's Name:

Patient's Phone Number:

Sex: M F

Date of Birth:

Insurance Information (Submit Copy of Insurance Card)

Primary Insurance Company Name:

Insurance Phone Number:

Plan Type: HMO PPO Commercial Medicare Medicaid

Member ID Number:

Group Number:

Policy Holder:

Policy Holder Relationship to Patient: Self Spouse Child Other

PLEASE ATTACH A COPY OF BOTH SIDES OF THE PATIENT'S INSURANCE CARD

Medical History: _____

Pharmacotherapy History

Most payers require clearly documented antidepressant treatment history to show the patient has failed to respond to at least four (4) drug trials from at least two (2) different class agents at minimal dose and duration (including augmentation) or could not tolerate four medication trails due to side effects

1- _____

2- _____

3- _____

4- _____

What Standardized Rating scale was the patient evaluated with?

PHQ-9 QIDS-SR HDRS-21 BDI-II other:

Date last administered:

Score:

ECT History

Has the patient been treated with ECT in a previous depressive episode? Yes No.

If yes, was the treatment successful? Yes No

Is the patient a candidate for ECT and has declined ECT treatment? Yes No

Has the patient been treated with ECT in the current episode? Yes No

Has the patient been treated for depression with TMS in a previous depressive episode? Yes No

If yes, what system? Neurostar Brainsway

No. of sessions _____

General Medical Condition Questionnaire

Are any of the following conditions present in the patient?

Check all relevant:

- recently attempted suicide or suicidal ideation
- has acute or chronic psychotic symptoms or disorders (e.g., schizophrenia, schizophreniform or schizoaffective disorder) in the current depressive episode
- has bipolar disorder
- has a history of substance abuse or has used alcohol or illicit substances excessively in the last 30 days
- has a history of obsessive compulsive disorder (OCD) or posttraumatic stress disorder (PTSD)
- has major depressive disorder with psychotic features
- has neurological conditions that include epilepsy history, cerebrovascular disease, dementia, increased intracranial pressure, repetitive or severe head trauma, or primary or secondary tumors in the central nervous system
- has metal implants in or around the head
- has a Vagus Nerve Stimulator (VNS) or other implant controlled by physiologic signals (such as pacemakers, implantable cardioverter defibrillators)
- is pregnant or nursing