



PATIENT FORM A – EVALUATION FOR TMS TREATMENT

Transcranial Magnetic Stimulation (TMS) therapy is a new and innovative neuromodulation technology that is noninvasive, safe, and FDA-approved for treating depression, as well as, other mental illnesses. We specifically use TMS to treat depression, anxiety, bipolar, postpartum depression, chronic pain, ADHD, OCD, and autism. Insurance does cover TMS, but they do not cover all applications of TMS treatment. The information you provide below will greatly help in our efforts to better understand your medical history. Thank you.

Table with 2 columns: PATIENT INFORMATION and REFERRING PROVIDER INFORMATION. Fields include NAME, ADDRESS, CONTACT, and GUARDIAN.

INSURANCE(S):

- Insurance options: Aetna, BCBS, Cigna, Compsych, HealthNet/MHN, Humana, Magellan, United/Optum, UMR, TriCare (military), TriWest/Choice (military), Medicare.

GENERAL QUESTIONS:

- 1. Patient currently has a psychiatrist ... YES NO
2. Patient currently receiving counseling ... YES NO
3. Patient currently taking psych medications ... YES NO
4. Current psychiatric medications are effective ... YES NO
5. There are medication side effects ... YES NO
6. Patient had received TMS treatment in the past... YES NO
7. Patient had received ECT treatment in the past.... YES NO

Patient is considering TMS treatment for management the following condition(s). (check all that apply)

- DEPRESSION, ANXIETY, BIPOLAR, PTSD, POSTPARTUM DEPRESSION, CHRONIC PAIN, AUTISM, ADHD, OCD

PSYCHIATRIC MEDICATION HISTORY (check or list all current and past medications that applies)

Table with 4 columns: MEDICATION NAME, DOSE, START DATE, END DATE. Rows include categories like ANTIDEPRESSANTS, MOOD STABILIZERS, STIMULANTS/ADHD, ANTIPSYCHOTICS, SEDATIVES/HYPNOTICS, ANXIOLITICS, and OTHER.

PLEASE FAX, EMAIL OR BRING THIS INTAKE FORM TO US PRIOR TO YOUR APPOINTMENT.