



# TMS Referral Form

## MEDICAL OBJECTS PREFERRED REFERRAL METHOD

Alternatively please send to

E tms@nsql.com.au

F (07) 3839 3588

### Patient Information

Name

DOB

Phone

Email

### Patient Insurance Information

Medicare #

Is the patient being referred under **DVA scheme?**

YES

*if yes,*

Gold

White

NO

### Reason for Referral

Treatment resistant depression

Other\* (specify)

*\*Other indications will be opened up soon. Patients can still be referred for MDD that do not meet criteria for TRD but will not qualify for any rebates.*

### Relevant history (incl any history of seizure, neurological infection, head/brain trauma, alcohol/substance use, suicide)

Please attach **full medical history** and **current medications list** to this referral.

### Treatment Resistant Depression Eligibility for Medicare Rebate

over 18yrs

formally diagnosed with major depressive episode

failed to receive satisfactory improvement despite trialling at least two different classes of antidepressant medications

undertaken psychological therapy

have not received TMS treatment previously

**TMS requires daily appointments, Monday to Friday, for 20 sessions.**

*Patients can still be referred for MDD that do not meet criteria for TRD but will not qualify for any rebates.*

### Referring Doctor Information

Name

Signature

Provider #

Date

Phone

GP

Psychiatrist

Other (specify)

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