TMS Plus Patient Referral

REFERRAL FORM - TMS PLUS

Advanced interventional mental health care pathways

within a shared clinical ecosystem

- Precision-guided treatment
- Personalised immersive therapeutics
- Data-informed, coordinated care

Patient Information

NAME

DOB

ADDRESS

PHONE

OTHER PHONE

EMAIL

MEDICARE STATUS (IF KNOWN)

☐ Non-concession ☐ Concession ☐ Non Medicare ☐ Reached safety net (if Medicare)

Reason for Referral (tick all that apply)

- ☐ TMS Plus Initial Assessment
- ☐ Repeat referral for TMS Plus Program
- ☐ Depression
- ☐ Mixed-Anxiety Depression
- ☐ OCD
- ☐ Treatment-resistant

- [ ] Consideration for ketamine therapy
- [ ] Other

- [ ] Recent MRI available

Medicare Rebate Eligibility for Brain MRI

- [ ] Chronic Headaches (GP)
- [ ] Unexplained seizures (GP)
- [ ] Head trauma (Specialist 63061)
- [ ] Uncertain

Medicare Rebate Eligibility Criteria for Treatment-Resistant Depression (TRD)

- [ ] Have not received TMS previously (if initial course)
- [ ] Diagnosed with major depressive disorder
- [ ] No significant improvement after trialling at least 2 classes of antidepressant medications at therapeutic doses for at least 3 weeks, unless contraindicated
- [ ] Over 18
- [ ] Undertaken psychological therapy if clinically required
- [ ] Received initial TMS course more than 4 months ago (if re-treatment course)

Mental health history

INCLUDING DETAILS OF ANY PRIOR TMS RESPONSE (IF APPLICABLE) AND RESPONSE TO ANY OTHER INTERVENTIONS TRIALLED

Medical history

INCLUDING WHETHER THERE IS ANY HISTORY OF SEIZURES, COCHLEAR IMPLANT, INTRACRANIAL IMPLANTS, BRAIN SURGERY, HEARING IMPAIRMENT OR SUBSTANCE ABUSE

Referring Doctor Information

NAME

EMAIL

MEDICAL PROVIDER NO.

ADDRESS

PHONE

DATE

By clicking submit , You agree to our Terms of Use and that you have read our Privacy Policy.

Terms of Use (https://visiontms.com.au/terms-and-conditions)

Privacy Policy (https://visiontms.com.au/privacy-policy)