

**Patient Information**

Name

Date of Birth

Address

Phone

Email

**Medicare/Health Fund**

Medicare #  Ref #

Exp Date

Health Fund Name  No.

Inpatient

**Reason for Referral**

- Initial TMS course with MRI-guided neuronavigation for Treatment-Resistant Depression TRD
- Re-treatment TMS course following initial TMS course
- Booster TMS course following a previous TMS course
- TMS course for non-TRD major depressive disorder or where patient does not satisfy Medicare eligibility criteria
- TMS course for TRD without MRI-guided neuronavigation due to MRI being unsuitable for this patient
- Psychiatric review
- Other (specify)
- Recent MRI available

**Medicare Rebate Eligibility for Brain MRI**

- Chronic headaches       Unexplained seizures       Neither       Unsure

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

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

**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

Medical Provider #

Phone

Email

Signature

Date

**Send referral to:**

TMS Coordinator at VisionTMS  
Email: [info@visiontms.com.au](mailto:info@visiontms.com.au)

**Phone:** 02 9289 7890    **Fax:** 02 9185 3582

Our VisionTMS Coordinator will contact your patient  
For more information see [www.visiontms.com.au](http://www.visiontms.com.au)