

Patient Information

NAME
 DOB
 ADDRESS
 PHONE
 EMAIL

Medicare/Health Fund

MEDICARE # REF #
 EXP DATE
 HEALTH FUND NAME NO.
 Recent MRI available

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
 Other (specify)
 TMS course for TRD without MRI-guided neuronavigation due to MRI being unsuitable for this patient

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) Over 18
 Received initial TMS course more than 4 months ago (if re-treatment course) Undertaken psychological therapy if clinically required
 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

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 # SIGNATURE
 PHONE DATE

Send referral to:

TMS Coordinator at VisionTMS
 email: 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