Neuralia TMS

Email: info@neuralia.com.au
Fax: 6230 2231
Healthlink: Neuralia
Website: www.NeuraliaTMS.com.au

Referral Form for Transcranial Magnetic Stimulation

PATIENT DETAILS

Name

Address

DOB

Telephone (H) Mobile

INDICATION

- [ ] Depression
- [ ] PTSD
- [ ] OCD
- [ ] Pain
- [ ] Other

CLINICAL DETAILS

CURRENT AND PAST MEDICATION

CONDITIONS THAT MAY AFFECT TMS TREATMENT

- [ ] Epilepsy or Past Seizures
- [ ] Neurosurgery
- [ ] Cochlear Implant
- [ ] Implantable medical devices
- [ ] Pacemaker

REFERRING HEALTH PRACTITIONER

Full name:

Practice:

Address:

Phone: Provider Number:

Signature: Date: