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: