Transcranial Magnetic Stimulation
Provider Referral Form

West Pines TMS Clinic
(303) 467-4996

Description of Service:
Thank you for referring your patient to the West Pines TMS Clinic. TMS or Transcranial Magnetic Stimulation is an FDA approved alternate treatment approach for adults with treatment resistant depression using magnetic pulses to stimulate the area of the brain associated with depression.

Referring Provider:
Provider Name: ____
Address: ____
Phone: ____
Email: ____

Patient Info:
Name: ____________________________ DOB: ______________ Age: ______
Address: ____
Cell or Home Phone: ______________________ Gender: ☐ Male ☐ Female ☐ Other
Email: ____
Primary Insurance Carrier ______________________ Member ID ______________________
Secondary Insurance Carrier ______________________ Member ID ______________________

Appropriate Candidate Checklist
☐ Major Depressive Disorder, Moderate to Severe
☐ (3-4) Failed Trials of Anti-Depressant Medications OR Severe Side Effects

Psychiatric Medication History: Please either fill out the following or send a medication history along with this referral

Medication	Dosage	Start Date	End Date	Effective	Side Effects
				☐ No ☐ Yes	
				☐ No ☐ Yes	
				☐ No ☐ Yes	
				☐ No ☐ Yes	
				☐ No ☐ Yes	
				☐ No ☐ Yes	

Potential Rule-Outs	Yes/No	Explain
Any past mental health diagnosis different from current?	☐ No ☐ Yes	
Past ECT treatment that was ineffective?	☐ No ☐ Yes	
Seizure history?	☐ No ☐ Yes	
Any metal in or around head (besides dental fillings) which cannot be removed?	☐ No ☐ Yes	
Pacemakers or other implanted medical devices?	☐ No ☐ Yes	
Head Injury	☐ No ☐ Yes	

Please Fax this form to: **West Pines TMS Clinic (303) 403-6084**
Or Scan and email to our TMS Coordinator: **TMSCoordinator@sclhealth.org**