



Patient details

¹ number next to client name on card
* Where applicable

NAME	MEDICARE CARD NO / IRN ¹	EXPIRY
PHONE	PRIVATE HEALTH FUND NAME*	
EMAIL	DOB	
ADDRESS		

Referrer details

NAME	PRACTICE NAME
PROVIDER NUMBER	DATE

Reason for TMS referral

NOTE: For non TMS referrals complete our [standard referral form](#) (online)

Treatment resistant depression (TRD): <i>Medicare rebates currently available for those that meet TRD criteria</i>	<input type="checkbox"/>	Other (Specify):	<input type="text"/>
TRD eligibility for Medicare Rebate*			
Over 18 Years	<input type="checkbox"/>	Have not received TMS treatment previously	<input type="checkbox"/>
Formally diagnosed with major depressive disorder	<input type="checkbox"/>	Failed to receive satisfactory improvement despite trialling at least two different classes of antidepressant medications	<input type="checkbox"/>
Undertaken psychological therapy	<input type="checkbox"/>		

Relevant history - Please indicate the presence of any of the following risk factors:

History of seizures or epilepsy	<input type="checkbox"/>	History of tinnitus	<input type="checkbox"/>
History of bipolar disorder or affective switching	<input type="checkbox"/>	History of dizziness or syncope	<input type="checkbox"/>
Neurological infection	<input type="checkbox"/>	Alcohol or substance misuse	<input type="checkbox"/>
Head or brain trauma	<input type="checkbox"/>	Pregnant or planning pregnancy	<input type="checkbox"/>
History of headache or migraine	<input type="checkbox"/>	Presence of a cochlear implant, pacemaker or other implanted metal/electronic device	<input type="checkbox"/>

Further notes

SIGNATURE:	DATE
------------	------

Preferred clinic(s)

Sydney CBD (NSW)	<input type="checkbox"/>	East Melbourne (VIC)	<input type="checkbox"/>
Frenchs Forest (NSW)	<input type="checkbox"/>	Hawthorn (VIC)	<input type="checkbox"/>
Randwick (NSW)			

* Medicare funding provides for 35 sessions initially and a further 15 sessions for those meeting additional criteria. TMS requires a minimum of two weekly appointments, and approximately 20-30 sessions.

Clinic stamp:



Our ability to improve patient outcomes through the integration of expert therapy and leading digital therapeutics is **the neurocare difference.**

New South Wales



Frenchs Forest
Suite 4, Building 7
49 Frenchs Forest Rd East
Frenchs Forest NSW 2086
T: 02 9453 5735
F: 02 9452 6812
E: frenchsforest@neurocaregroup.com

Services:
Auditory training program
Brain health neuroscreening
Child & adolescent
Neurofeedback
Psychiatry (Adult)
Psychology & Psychotherapy
TMS & tDCS

Assessments:
Actigraphy & sleep
ADHD
Auditory processing
Cognitive & educational
Neuropsych
QEEG



Sydney CBD
31 Hunter St
Sydney NSW 2000
T: 02 8317 5032
F: 02 9452 6812
E: sydney@neurocaregroup.com

Services:
Auditory training program
Brain health neuroscreening
Child & adolescent
Neurofeedback
Psychiatry (Child & Adult)
Psychology & Psychotherapy
TMS & tDCS

Assessments:
Actigraphy & sleep
ADHD
Cognitive & educational
Neuropsych
QEEG



Randwick
151 Belmore Road
Randwick NSW 2031
T: 02 8317 5032
F: 02 9452 6812
E: sydney@neurocaregroup.com

Services:
Psychiatry

Assessments:
QEEG and other assessments are available at our Sydney CBD clinic.

Victoria



East Melbourne
Ground Floor, 232 Victoria Pde
East Melbourne VIC 3002
T: 03 9816 8811
F: 03 9417 3676
E: eastmelbourne@neurocaregroup.com

Services:
Auditory training program
Child & adolescent
Neurofeedback
Psychiatry
Psychology & Psychotherapy
TMS & tDCS

Assessments:
Actigraphy & sleep
ADHD
Auditory processing
Cognitive & educational
Neuropsych
QEEG



Hawthorn
Ground Floor, Building B,
192 Burwood Rd
Hawthorn VIC 3122
T: 03 9816 8811
F: 03 9817 5399
E: hawthorn@neurocaregroup.com

Services:
Auditory training program
Brain health neuroscreening
Child & adolescent
Neurofeedback
Speech Pathology
tDCS

Assessments:
Actigraphy & sleep
ADHD
Auditory processing
Cognitive & educational

Make a referral

Return your completed referral form by fax or email to:

Fax: (03) 9417 3676

Email: referrals.au@neurocaregroup.com

More info

