



Fax: (03) 9417 3676 or

Email: referrals.au@neurocaregroup.com

PHONE	Patient details	¹ number next to client name on ca * Where applicable
EMAIL ADDRESS Referrer details NAME PROVIDER NUMBEIR ANATE PROVIDER NUMBEIR ANATE PROVIDER NUMBEIR ANATE PROVIDER NUMBEIR ANATE AN	NAME	I I I I I I I I I I I I I I I I I I I
ADDRESS Referrer details NAME PROVIDER NUMBER DATE NOTE: For non TMS referrals complete our standard referral from (or) Intercharent resistant depression (TRD): Indectare related acreainly available for flose that neet TRD orteral TRD eligibility for Medicare Rebate* Dever 18 Years Have not receive satisfactory improvement despite trialling at least two different classes of a nitidepressant medications Indertaken psychological therapy Relevant history - Please indicate the presence of any of the following risk factors: History of soizures or optiopsy History of bipolar disorder or affective switching History of bipolar disorder or affective switching History of headache or migraine Pregnant or planning pregnancy Pregnant or planning pregnancy Pregnant or planning pregnancy Preferred clinic(s) Systey CBD (NSW) East Melbourne (VIC) Frenchs Forest (NSW) Pandwick (NSW) Addicare 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.	PHONE	
Referrer details NAME PROVIDER NUMBER NOTE: For non TMS referrals complete our standard informal form (on treatment resistant depression (TRD): Intercament resistant resistant previously Intercament pr	EMAIL	DOB
PROVIDER NUMBER PROVIDER NUMBER DATE	ADDRESS	
PROVIDER NUMBER DATE DATE	Referrer details	
Reason for TMS referral NOTE: For non TMS referrals complete our standard referral form (onl Medicare rebates currently available for those that meet TRD orders TRD eligibility for Medicare Rebate* Over 18 Years Formally diagnosed with major depressive disorder Undertaken psychological therapy Relevant history - Please indicate the presence of any of the following risk factors: History of seizures or epilepsy History of bipolar disorder or affective switching Neurological infection Head or brain trauma History of headache or migraine Pregnant or planning pregnancy Presence of a cochlear implant, pacemaker or other implanted metal/electronic device Preferred clinic(s) Sydney CBD (NSW) Hawthorn (VIC) 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.	NAME	
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At least two different classes of antidepressant medications Comparison of the processing and the presence of any of the following risk factors: Comparison of the presence of any of the following risk factors: History of seizures or epilepsy	Over 18 Years	Have not received TMS treatment previously
History of seizures or epilepsy History of bipolar disorder or affective switching Neurological infection Head or brain trauma History of headache or migraine Pregnant or planning pregnancy Presence of a cochlear implant, pacemaker or other implanted metal/electronic device Preferred clinic(s) Sydney CBD (NSW) Frenchs Forest (NSW) Hawthorn (VIC) 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.	<u> </u>	
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Pregnant or planning pregnancy Presence of a cochlear implant, pacemaker or other implanted metal/electronic device Preferred clinic(s) Sydney CBD (NSW) Frenchs Forest (NSW) 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.	History of bipolar disorder or affective switching	History of dizziness or syncope
History of headache or migraine Presence of a cochlear implant, pacemaker or other implanted metal/electronic device Preferred clinic(s) Sydney CBD (NSW)	Neurological infection	Alcohol or substance misuse
Further notes Preferred clinic(s) Sydney CBD (NSW)	Head or brain trauma	Pregnant or planning pregnancy
Sydney CBD (NSW) Frenchs Forest (NSW) Hawthorn (VIC) 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.	History of headache or migraine	
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Clinia ataman	SIGNATURE: DATE	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

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Sydney CBD

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Randwick

151 Belmore Road Randwick NSW 2031

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Services:

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

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

Services:

Psychiatry

Assessments:

Actigraphy & sleep ADHD Auditory processing Cognitive & educational Neuropsych OEEG

Assessments:

Actigraphy & sleep ADHD Cognitive & educational Neuropsych QEEG

Assessments:

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

Victoria



East Melbourne

Ground Floor, 232 Victoria Pde East Melbourne VIC 3002

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E: eastmelbourne@ neurocaregroup.com



Hawthorn

Ground Floor, Building B, 192 Burwood Rd Hawthorn VIC 3122

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E: hawthorn@ neurocaregroup.com

Services:

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

Services:

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

Assessments:

Actigraphy & sleep ADHD Auditory processing Cognitive & educational Neuropsych QEEG

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Actigraphy & sleep ADHD Auditory processing Cognitive & educational

Make a referral

Return your completed referral form by fax or email to:

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Email: referrals.au@neurocaregroup.com

More info

