



Patient details

¹ number next to client name on card
* Where applicable

NAME

MEDICARE CARD NO / IRN¹:

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):
Medicare rebates currently available for those that meet TRD criteria

Other (Specify):

TRD eligibility for Medicare Rebate*

Over 18 Years

Have not received TMS treatment previously

Formally diagnosed with major depressive disorder

Failed to receive satisfactory improvement despite trialling at least two different classes of antidepressant medications

Undertaken psychological therapy

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

History of seizures or epilepsy

History of tinnitus

History of bipolar disorder or affective switching

History of dizziness or syncope

Neurological infection

Alcohol or substance misuse

Head or brain trauma

Pregnant or planning pregnancy

History of headache or migraine

Presence of a cochlear implant, pacemaker or other implanted metal/electronic device

Further notes

Preferred clinic(s)

Sydney CBD (NSW) East Melbourne (VIC)

Frenchs Forest (NSW) Hawthorn (VIC)

* 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:

SIGNATURE:

DATE