

Fax: (03) 9417 3676 or Email: referrals.au@neurocaregroup.com

Patient details	* Where applicable
NAME	DATE
PHONE	MEDICARE NO*
EMAIL	PRIVATE HEALTH NAME & NO*
ADDRESS	
Referrer details	
NAME	PRACTICE
INAIVIE	NAME
PROVIDER NUMBER	EMAIL
Reason for TMS referral	
Reason for TMS referral	NOTE: For non TMS referrals complete our <u>standard referral form</u> (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) Brighton (VIC)
	Frenchs Forest (NSW) East Melbourne (VIC)
	Spring Hill (QLD) Hawthorn (VIC)
SIGNATURE	* 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

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