



## REFERRAL FORM

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**Transcranial Magnetic Stimulation (TMS)** is a new, non-systemic, non-invasive treatment procedure for Major Depressive Disorder. Since this is a non-conventional approach, many times the physician may find it difficult to identify which patients would be good candidates for TMS treatment.

1. Do you have a patient who has been treated with one or two antidepressants at the minimum effective dose and duration and still appears to be clinically depressed? Yes  No
2. Do you have a clinically depressed patient whose associated medical condition requires multiple drug agents resulting in unwanted drug interactions or possible toxicity to important organs? (heart, liver, kidneys) Yes  No
3. Do you have a patient currently taking antidepressant medications complaining of intolerable fatigue, insomnia, sexual disturbance, weight gain or cardiac problems? Yes  No

If you had answered yes to any of the previous questions we could help by promptly scheduling a consultation and making a determination if Transcranial Magnetic Stimulation treatment is indicated for your patient.

Yes, I would like a *Comprehensive TMS Consultation* for my patient.

PATIENT NAME: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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