



Connected Minds TMS

REFERRAL FOR TMS ASSESSMENT

Margate: 1/257 Oxley Avenue, Margate
Caboolture: 1B/8-22 King St, Caboolture

1300 TMS (1300 000 867)
admin@connectedmindstms.com
www.connectedmindstms.com

Referrer details

Referrer Date
Provider number Signature/
E-Signature

Patient details

Patient name DOB
Address
Phone Medicare/DVA no.

Clinical screening (tick yes or no)

History of seizure	Y	N	Previous psychotherapy/counselling	Y	N
Pregnant	Y	N	Previous trial of 2 antidepressants	Y	N
Significant alcohol use	Y	N	DVA	Y	N
Medical implants	Y	N	Private health fund	Y	N

Clinical information

Diagnosis

Current medications

Referral request

I am requesting an assessment by one of your psychiatrists for an opinion regarding this individual's suitability for TMS treatment of a depressive illness.

Referral instructions

Please send completed referral form to admin@connectedmindstms.com
Or find us under Medical Objects by searching for "Connected Minds TMS"
Our team will contact the patient directly to arrange an assessment.