FAX TO: 513-536-0779

Attn: TMS Department

REFERRAL FORM FOR TMS FOR MDD/OCD

DEMOGRAPHICS

Client's legal name:____ D.O.B_______________________

Client's Preferred name:____________________________________ Client's Pronouns: __________________

Best contact number: _______________________ Secondary phone number: ___________________________

Address:____

____

Clients Insurance: ____ Member ID:________________________

REFERRAL INFORMATION

Psychiatrist name:____

Phone:____ Fax:______________________________________

Name of referring Clinician: ____

Phone:_____________________________________ Fax: ____

Name of OCD/ERP Therapist (if applicable):____

Phone:_____________________________________ Fax: ____

Dates of last 10 treatments with ERP therapist: ____

____

____

Diagnosis & AXIS I-V:

I.__________________________ II.____________________________ III.____________________________

IV._________________________ V.____________________________

REASON FOR REFERRAL FOR CONSULTATION:

____

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____

____

LINDNER CENTER OF HOPE

RELEVANT MEDICAL HISTORY

Please circle all that apply:

Endocrine   Neurological   Respiratory   Cardiac   Metal in Body   Implantable Devices   Other issues   N/A

If yes, please specify:

____

____

____

PAST and CURRENT Medications : (doses, frequency, efficacy, and side effects):

Medication	Dates	Dosage	Duration	Outcome/ Side effects

From Patient’s OP OCD/ERP Therapist (if applicable):

Client is willing to engage in 29 consecutive treatments of TMS **with ERP provocation** Yes / No

Consent for TMS team at Lindner Center of Hope to contact OCD/ERP Therapist Yes / No

Is this a request for a retreatment course of TMS for OCD? Yes / No

Most recent YBOCS score:_________________________ Date administered:_________________________

Most recent PHQ-9 score:_________________________ Date administered:_________________________

Core Fear/ Target Symptom: ____

Obsessions	Compulsions

Examples of current ERP Assignments:

____

____

____

Please attach patient’s three most recent progress notes and if applicable, most up to date hierarchy / distress scale.

Please note: Consultations will not be scheduled without this information.