

Email the completed form to us at referral@mindoasis.com.au. Our reception team will contact the patient within a few days.

PATIENT DETAILS

Full Name:

Mobile Number:

Email Address:

Date of Birth:

REFERRAL INFORMATION

Reason for referral

Treatment-resistant Depression

*Medicare rebates are only available for those who meet criteria of Treatment-resistant Depression

Medical history

History of seizures or epilepsy*

Currently pregnant or planning pregnancy*

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

History of bipolar disorder or affective switching

Neurological condition

Head or brain trauma

History of headache or migraine

History of tinnitus

History of dizziness or syncope

Alcohol or substance misuse

Patients who had the above medical history with * are not clinically appropriate to undergo TMS Treatment.

Evidence of medications trials from earliest to latest, including different agent classes, during this episode. Please attach a full medical history and list of current and past medication to this referral.

	Medication Names	Max dose	Time period	Response	Side effect
1					
2					

Eligibility for medicare rebate

Medicare funding provides for 35 sessions initially and a further 15 sessions for those meeting additional criteria. TMS requires a minimum of three weekly appointments, and approximately 25-35 sessions.

- Over 18 Years
- Undertaken psychological therapy
- Formally diagnosed with major depressive disorder
- Have not received TMS treatment previously
- Failed to receive satisfactory improvement despite trialling at least two different classes of antidepressant medications

REQUESTING DOCTOR

Psychiatrist GP Others: _____

Doctor's Name:

Provider Number:

Practice Name:

Practice Address:

Practice Phone Number:

Practice Fax Number:

Practice Email Address:

Date of Referral:

Doctor's Signature:



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