



SAVANNAH PSYCHIATRY

EST. 1973

Transcranial Magnetic Stimulation (TMS) Referrals

TMS is a depression treatment that can improve response in patients for which current medication therapies and psychotherapies for major depression have not provided satisfactory results, or for persons who have experienced negative side effects from medications.

Patient Name: _____

Patient Phone: _____

Referring Doctor: _____

Doctor's Office Phone: _____ Fax: _____

Have you discussed TMS as a treatment option with your patient? Yes No

Does the patient have a diagnosis of Major Depressive Disorder? Yes No

Has patient tried at least 4 medications?
(from 2 classes and at least one at adequate dose/duration) Yes No

Has the patient ever been diagnosed with Bipolar Disorder? Yes No

Has patient tried adequate trial of psychotherapy? Yes No

Any non-removable metal in or around head? Yes No

Prior ECT? Yes No

Prior TMS? Yes No

History of Seizures? Yes No

Please FAX referral to:
TMS Referral Coordinator Stacia Keith
Phone: 912-352-2921
Fax: 912-352-1038