

Patient Consent for TMS Treatment

This is a patient consent for a medical procedure called Transcranial Magnetic Stimulation (TMS). Dr. Louis Costello and APN Behavioral Healthcare has prescribed TMS for you and has explained the risks of this treatment, the potential benefits of this treatment to you, and any alternative treatments that are available for you if you decide not to be treated with TMS. Dr. Louis Costello has explained the following information to me:

- A. The TMS system should not be used by anyone who has:
1. Magnet-sensitive metal in their head or within 12 inches (30 cm) of the magnetic coil that cannot be removed. Failure to follow this restriction could result in serious injury or death. These include but are not limited to:
 - Cochlear implants
 - Aneurysm clips or coils
 - Stents
 - Electrodes to monitor your brain activity
 - Ferromagnetic implants in your ears or eyes
 - Bullet fragments
 - Other metal devices or objects implanted in the head
 - Facial tattoos with metal ink or permanent makeup
 2. Implanted stimulators in or near the head. These may include:
 - Deep brain stimulators
 - Cochlear implants
 - Vagus nerve stimulators
 3. TMS should be used with caution in patients who have pacemakers or implantable cardioverter defibrillators (ICD's) or are using wearable cardioverter defibrillators (WCD). Failure to follow this restriction could result in serious injury or death.
- B. TMS is not effective for all patients with depression. Any signs or symptoms of worsening depression should be reported immediately to your Dr. Louis Costello. You may want to ask a family member or caregiver to monitor your symptoms to help you spot any signs of worsening depression.
- C. Seizures (sometimes called convulsions or fits) have been reported with the use of TMS devices. However, no seizures were observed with use of TMS in clinical trials involving about 500 patients and over 15,000 treatments. Since the introduction of the TMS into clinical practice, seizures have been rarely reported. The estimated risk of seizure under ordinary clinical use is approximately 1 in 30,000 treatments or 1 in 1000 patients.
- D. Because TMS produces a loud click with each magnetic pulse I understand that I must wear earplugs or similar hearing protection devices with a rating of 30dB or higher of noise reduction during treatment.
- E. I understand that treatments are conducted five (5) days per week for six (6) to seven (7) weeks. With the exception of unexpected illness or other emergency, I understand that I need to come to

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treatment every day. Monday through Friday, according to my treatment plan and scheduled appointments. I understand that not coming to treatments on this schedule could decrease the effectiveness of TMS therapy and I may not receive the full benefit as a result. I understand that it is best to delay starting TMS therapy until after any upcoming scheduled travel is completed so I can attend treatment for 6-7 weeks without interruption.

- F. I understand that most patients who benefit from TMS experience results by the fourth (4th) week of treatment. Some patients may experience results in less time while others may take longer.
- G. I understand the symptom relief that I may receive from TMS may be lost over time and I may need to take antidepressant medication to help retain symptom relief. In clinical trials, 85% of patient retained benefit with antidepressant medication over 12 months. About one third (1/3) of these patients required periodic re-treatment with TMS.
- H. I understand that I may discontinue treatment at any time. If I am using medical insurance to help pay for TMS I understand that I may not be able to have insurance coverage for TMS therapy in the future if I do not complete the recommended course of treatment.

I have read the information contained in the Patient Consent for TMS for the Treatment of Depression Form and its potential risk. I have discussed it with Dr. Louis Costello who has answered all of my questions. I understand there are other treatment options for my depression available to me and this has also been discussed with me. I therefore permit Dr. Louis Costello and staff to administer this treatment to me.

Patient Signature

Date

Staff Signature

Date