Vita Health Care
135 Mount Eliza Way, Mount Eliza, VIC 3930
Phone: (03) 5972 2444 Fax: 03 787 2906
Email: tms@vitahealthcare.com.au
www.vitahealthcare.com.au

TRANSCRANIAL MAGNETIC STIMULATION REFERRAL FORM

PATIENT INFORMATION

Title (Miss / Ms / Mrs / Mr / Master / Dr /.....) DOB (dd / mm / yyyy) .....

Given names ..... Surname .....

Mobile phone ..... Email .....

INSURANCE INFORMATION

Private Health Insurance ..... Worker Compensation ☐ .....

TAC ☐ ..... DVA ☐ ..... Other ☐ .....

REASON(S) FOR TMS REFERRAL

Major Depressive Disorder ☐

Comorbidities, please specify .....

Suicide risk Low ☐ Medium ☐ High ☐

RELEVANT HISTORY

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REFERRING DOCTOR

Name ..... Provider number .....

Phone number ..... Fax number .....

Email .....

Signature .....

NeuroCentrix
TMS / MEMORY / MOOD / RESEARCH

PLEASE FAX REFERRAL TO: (03) 9787 2906 or EMAIL TO: tms@vitahealthcare.com.au