PSYCHIATRIC SERVICES

Psychiatrists:
Dr Andrea Boros-Lavack
Dr Snezana Alempijevic

224 James St, Toowoomba, Qld 4350, Ph: 07 46130922 F: 07 4613 0944, E: rtms@mi-mindtrust.com.au

Outpatient TMS referral form

Patient details

Name			
Date of Birth		Gender	
Address			
Phone		Email	

Referring Doctor

Name		
Address		
Contact No.		Provider No.
Signature		Date

Reason for referral

Major Depressive Disorder	Obsessive-Compulsive Disorder	Auditory Hallucinations
Other (please describe):		

Relevant Psychiatric and Medical History

Please attach additional pages if required.

Current Medications

Please attach additional pages if required.

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Eligibility for Medicare Rebate			
Medicare Number:	Valid until:		
18yrs or older		Yes	No
Diagnosed with major depressive disorder		Yes	No
No satisfactory response to two classes of antidepressant medications		Yes	No
Received psychological therapy		Yes	No
Received TMS previously in public or private setting		Yes	No
*Please note that patients can be referred for obsessive-compulsive disorder, or auditory hallucinations for schizophrenia, but will not qualify for Medicare rebates.			

rTMS Outpatient Safety Screen		
1. Has the patient undergone rTMS in the past?	Yes	No
2. Does the patient have a history of seizure/s?	Yes	No
3. Does the patient have metal in their head?	Yes	No
4. Does the patient have a cardiac pacemaker?	Yes	No
5. Does the patient have an implanted neurostimulation device (e.g.DBS, epidural or subdural, Vagus Nerve Stimulator)?	Yes	No
6. Does the patient have cochlear implants?	Yes	No

Please send completed referrals to rTMS@mi-mindtrust.com.au.

or by fax on (07) 4613 0944

One of our team will contact your patient to answer any questions they may have and to book their initial appointment. You will receive a confirmation letter about your referral and the patient's treatment.

If you have any questions, please call (07) 4613 0922, or email the address above.