Mid Cities Psychiatry

Referral for
Transcranial Magnetic Stimulation (TMS) Therapy
for Major Depressive Disorder (MDD)

<<TMS (Transcranial Magnetic Stimulation) is a depression treatment that can improve response in patients for which current medication therapies or psychotherapies have not provided satisfactory results or for persons who have experienced negative side-effects from medications>>

To: Patient Navigator Advocate
PHONE: (817) 488-8998 ext. 5 **FAX**: 855-295-2686 **EMAIL:** PA@MidCitiesPsychiatry.com

Referring Practice/Physician/Provider

Practice Name:	Dated
Physician Name:	Work #
E-mail	NPI #

I would like to refer the patient mentioned below for your evaluation to determine their suitability for Transcranial Magnetic Stimulation (TMS) therapy.

Referred Patient

Name	
DOB	Male ☐ / Female ☐
Address	
Tel #	E-Mail
Does the Patient have insurance?	Yes ☐ / No ☐ / Self Pay ☐
Insurance Name:	

Please check the appropriate referral reason:

Primary Diagnosis

Secondary Diagnosis

☐ Prior ECT <> ☐ Pacemaker <> ☐ Prior Hospitalizations for MDD

Background Information and Reason for Considering TMS

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