

# Patient Referral for TMS or Spravato Treatment

to Dr. Renee Richesin at  
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\_\_\_\_\_  
 Referring Healthcare Provider Name

\_\_\_\_\_  
 Provider address

\_\_\_\_\_  
 Provider phone                      Provider fax                      Provider email

## Patient Information:

\_\_\_\_\_  
 Patient first name                      Last Name                      Date of Birth                      Age

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone # (cell)                      Email

## History:

Diagnosis: \_\_\_\_\_ (For TMS, insurance requires major depression, **severe**, and no bipolar or psychosis).

*Insurance criteria for TMS* also require that a patient have tried several (often 4) antidepressants from 2 classes for an adequate duration and dose (if tolerated) and usually require that 2 other medications have been added to augment (e.g. Buspar, Abilify, Seroquel, Ritalin, Li, Wellbutrin, Cytomel, Trazodone, etc).

*Insurance criteria for Spravato* require a diagnosis of depression. The pt must have tried at least 2 antidepressants, and they have to be age 18 or older.

Antidepressant	Max dose achieved	Start date	End date	Why it was stopped	Used alone or with augmenter

Has the patient tried therapy (CBT or interpersonal therapy)? Y / N    If so, # of sessions in last year \_\_\_\_\_

Does the patient have a history of seizures ? Y / N                      A history of cerebral hemorrhage? Y / N

Does the patient have any metal implanted in their head? Y / N    (e.g. brain shunt, cochlear implant, shrapnel, DBS)

Does the pt. have uncontrolled HTN or a condition in which elevated BP would be dangerous? Y / N

Does the pt have current or past substance abuse? Y / N                      Is the pt. pregnant or nursing? Y / N

Does the pt. have an AV malformation or any aneurysms?    Does the pt. have interstitial cystitis?

