



# The Sherpah Clinic

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## TMS Referral Form

### PATIENT DETAILS

Name		
Address		
DOB		
Telephone (H)	Mobile	
Email		

### INDICATION

- Depression
- PTSD
- OCD
- Pain
- Other

### CLINICAL DETAILS

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### CURRENT AND PAST MEDICATION/S

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### CONDITIONS THAT MAY AFFECT TMS TREATMENT

- Epilepsy or Past Seizures
- Neurosurgery
- Cochlear Implant
- Implantable Medical Devices
- Pacemaker

### REFERRING PRACTITIONER

Name			
Practice			
Address			
Phone		Provider Number	
Signature		Date	