Patient Screening for Deep TMS

Contraindications / Exclusions

If yes, please add details to the right.

Pregnant or Nursing	No ◯	Yes ◯	
History of Seizures	No ◯	Yes ◯	
TBI/Brain Injury or Damage	No ◯	Yes ◯	
Frequent Headaches or Migraines	No ◯	Yes ◯	
Aneurysm Clips or Coils	No ◯	Yes ◯	
Stents	No ◯	Yes ◯	
Deep Brain Stimulator	No ◯	Yes ◯	
Electrodes (Brain Activity Monitor)	No ◯	Yes ◯	
Implants in Eyes or Ears	No ◯	Yes ◯	
Shrapnel or Bullet Fragments	No ◯	Yes ◯	
Facial Tattoos or Permanent Makeup	No ◯	Yes ◯	
Cochlear Implants	No ◯	Yes ◯	
Vagal Nerve Stimulator	No ◯	Yes ◯	
Magnetic Implants or Other Devices	No ◯	Yes ◯	
Pacemaker	No ◯	Yes ◯	

History and Co-Occurring Disorders

Do you have a history of substance abuse?

If yes, please add details.

Do you have a history of suicidal ideation (current episode)?

If yes, please add details.

Do you have a history of Psychosis or Psychotic Symptoms?

If yes, please add details.

Do you have a history of Obsessive-Compulsive Disorder (OCD)?

If yes, please add details.

Do you have a history of Post-Traumatic Stress Disorder (PTSD)?

If yes, please add details.

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Prior Treatment Record

Have you ever been in individual or group therapy?

If yes, when and what duration?

Have you ever had Transcranial Magnetic Stimulation (TMS)?

If yes, when?

Have you ever had Electroconvulsive Therapy (ECT)?

If yes, when?

Any history of suicide attempts?

If yes, how many and when?

Have you ever been hospitalized for a psychiatric illness?

If yes, where, when, and what duration?

Have you ever been in an intensive outpatient program?

If yes, where, when, and what duration?

In your own words, how has depression affected the quality of your life and everyday functioning?

Current Medications

Medication	Dosage (mg)	Regimen - AM/PM	Is it helpful?	Prescribed by?

Past Medication Trials

Medication	Dosage (mg)	Outcomes	Side Effects
Abilify			
Ambien			
Ativan			
Celexa			
Cymbalta			
Depakote			
Edronax			
Effexor			
Elavil			
Geodon			
Lamictal			
Latuda			
Lexapro			
Lithium			
Luvox			

Medication	Dosage (mg)	Outcomes	Side Effects
Pamelor			
Paroxetine			
Paxil			
Pristiq			
Prozac			
Remeron			
Risperdal			
Seroquel			
Sonata			
Thorazine			
Trazadone			
Trintellix			
Valium			
Wellbutrin			
Xanax			
Zoloft			
Zyprexa			