



Email: admin@healthybraintms.com.au

Phone: +61 483 778 631

Address: 7th Floor/2 Wellness Way, Springfield Central, QLD, 4300

Website: www.HealthyBrainTMS.com.au

Date:

To: The supervising psychiatrist, Dr Sampath Arvapalli

Referral Letter

I am referring the below individual to you to assess their suitability for TMS treatment for depressive symptoms or diagnosis.

Individual name:

Date of birth (dd/mm/yyyy):

Address:

Phone number:

Medicare number/Ref:

DVA number:

Private Health Fund number:

The medical history shows (*please circle Yes (Y) or No (N) where applicable*)

- Previous trial of two (2) different antidepressant medications: Y/N
- Previous psychotherapy/counselling: Y/N
- Metallic implants in the head/neck (*e.g., aneurysm clips, cochlear implants*): Y/N
- History of Epilepsy: Y/N
- Pregnancy: Y/N

Thank you, and I look forward to your assessment.

Dr:

Signed:

Provider number:

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