





FLORIDA INTERNATIONAL UNIVERSITY

**PHQ-9 DEPRESSION SCALE HISTORY:**

DATE	SCORE	DATE	SCORE	DATE	SCORE

**THERAPY HX:**

TREATING THERAPIST	TYPE OF THERAPY	SCHEDULE	DURATION	SUCCESSFUL "Y" OR "N"	WHY TX WAS INEFFECTIVE
		W BI M			
		W BI M			

**Extenuating Circumstances:**

**Decline in Functioning:**

**Hospitalizations:**

**Drug/Alcohol Use:**

**ECT HX:**

**Dates:**

**TMS HX:**

**Dates:**

**PLEASE CHECK OFF ANY OF THE FOLLOWING THAT THE PATIENT HAS EXPERIENCED IN THE PAST:**

	<b>DOES THE PATIENT HAVE A SUICIDE PLAN OR HAS RECENTLY ATTEMPTED SUICIDE?</b>
	<b>IS THE PATIENT PREGNANT?</b>
	<b>IS THE PATIENT NURSING?</b>
	<b>ACUTE OR CHRONIC PSYCHOTIC SYMPTOMS OR DISEASES; SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER</b>
	<b>NEUROLOGICAL CONDITIONS; EPILEPSY, SEIZURES, CEREBROVASCULAR DISEASE, DEMENTIA, HEAD TRAUMA PRIMARY OR SECONDARY TUMORS IN THE CENTRAL NEUROUS SYSTEM</b>
	<b>PRESENSE OF AN IMPLANTED MAGNETIC SENSITIVE MEDICAL DEVICE WITHING 30CM OF TX COIL; COCHLEAR IMPLANT, CARDIOVERTER DEFIBRILLATOR, PACEMAKER, VAGUS NERVE STIUMLATOR, DEEP BRAIN STIMULATOR, METAL ANEURYSM CLIPS, COILS, STAPLES, STENTS, ELECTRODES, FERROMAGNETIC IMPLANTS IN THE EARS OR EYES.</b>
	<b>BULLET FRAGMENTS OR SHRAPNEL</b>
	<b>FACIAL TATTOS WITH METAL INK OR PERMANENT MAKEUP (RED)</b>
	<b>THE PATIENT HAS NONE OF THE FOLLOWING EXCLUSIONARY RESTRICTIONS AND MEETS CRITERIA FOR TREATMENT</b>

**REFERRING PROVIDER SIGNATURE:**

**DATE:**

**TMS PROVIDER SIGNATURE:**

**DATE:**