Canadian Health Solutions | Solutions de santé canadiennes
732689 NB Inc. TM/MC

MAIL
39 King Street
PO Box 20022 Brunswick Square
Saint John, NB E2L 5B2

CONTACT EMAIL
T 506 738 4400 tmsreferralnb@canhs.ca
F 506 738 4461 tmsreferralns@canhs.ca

Neuronavigated TMS Referral Form

PATIENT INFORMATION	
Name:	Address:
Telephone:	
DOB:	Medicare #:
Email:	Family Physician:
REFERRING PHYSICIAN	
Name:	Please Specify Discipline: ☐ Psychiatrist ☐ Nurse Practitioner ☐ Family Physician
Address:	Non-physicians are encouraged to contact the CHS Office for more information.
Telephone:	Fax:
PATIENT'S CURRENT PSYCHIATRIST (If applicable)	
Name:	Address:
Telephone:	Fax:
CLINICAL INDICATIONS & MEDICAL HISTORY FOR TMS	
Major Depressive Disorder (History, current/past medications):	**Other Relevant History/Comorbidities** (e.g Anxiety, OCD, PSTD, Substance Abuse, etc.):

Saint John Clinic
15 Market Square, Unit A
Saint John, NB E2L 1E8

Moncton Clinic
585 Mapleton Rd, #08
Moncton, NB E1G 2K5

Halifax Clinic
255 Lacewood Dr, #100C
Halifax, NS B3M 4G2

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Neuronavigated TMS Referral Form

POTENTIAL CONTRAINDICATIONS FOR TMS

I confirm the patient does not have:

- ☐ Aneurysm Clips or Coils
- ☐ Cardiac Pacemakers, ICDs
- ☐ Cardiac Stents, Filters Valves
- ☐ Carotid or Cerebral stents
- ☐ Deep Brain Stimulation Electrodes
- ☐ Metallic Devices Implanted in Head
- ☐ Facial Tattoos with Metallic Ink
- ☐ Pellets, Bullets, Fragments in Head/Neck
- ☐ Metallic Fragments in Eyes
- ☐ Cochlear/Otologic Implant
- ☐ Implanted Pacemaker
- ☐ CSF Shunt
- ☐ Ferromagnetic Ocular Implants
- ☐ Magnetically Activated Dental Implants
- ☐ Non compatible EEG Electrodes
- ☐ Vagus Nerve Stimulator
- ☐ Wearable Cardioverter Defibrillator (WCD)
- ☐ Pregnancy

The above contraindications pose a safety risk to those undergoing Transcranial Magnetic Stimulation. ***Failure to confirm all the above negatives will strictly exclude patients from consideration for TMS treatment.***

Referring Physician Signature:	Date:

FOR INTERNAL USE ONLY

Date received by CHS	Date of Approval:
Approving CHS Psyst (Print):	Approving Psychiatrist's Signature: