

# The Pisgah Institute

for Psychotherapy and Education, P.A.

828-254-9494

158 Zillicoa St., Asheville, NC 28801

www.pisgahinstitute.com

fax: 828-250-0890

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_

**Primary Insured if other than Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Diagnosis (include all):** \_\_\_\_\_

**Length of time under referring physician's care:** \_\_\_\_\_

**Length of current depressive episode:** \_\_\_\_\_

**Medication trials during current depressive episode:**

Name	Dose	Class	Start	End	Notes

**\*\*Notes to include reason for discontinuing medication or any side effects**

**Is the patient working with a counselor/therapist?**    Y        N

**If yes: Therapist Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Rating scales used to measure severity (ex: PHQ9, Beck Depression Inventory, etc.)**

Measure	Date	Score

**Referring Office:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Referring Physician Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**\*Prior to submitting referral, please review referral criteria on page 2\***

### TMS Referral Criteria

<p>Patient will be an appropriate candidate for TMS and his/her insurance may cover treatment (if covered service) if <u>ALL</u> of the following criteria are met:</p>	<p>Patient has primary diagnosis of F33.22 or F33.32                  Patient is between 22 and 70 years of age                  Patient has one of the follow:</p> <ul style="list-style-type: none"> <li>• Failed 4 antidepressant trials in at least 2 categories in <u>current</u> depressive episode</li> <li>• Documented intolerance of 4 antidepressant trials</li> <li>• History of response of at least 50% to TMS treatment</li> <li>• Prior ECT and does not want to do again</li> </ul> <p>PHQ9 score of <math>\geq 15</math> and/or BDI score of <math>\geq 17</math>                  Has participated in traditional talk therapy during current episode</p>
<p>Patient may qualify for treatment, but insurance will <u>NOT</u> cover if:</p>	<p>Patient has history or primary diagnosis of Bipolar Disorder (including codes: F31.3, F31.4, F31.5)</p>
<p>TMS is contraindicated in patients with:</p>	<p>Aneurysm clips/coils                  Carotid or cerebral stents                  Deep Brain Stimulators and electrodes                  Metallic devices implanted in the head                  Vagus Nerve Stimulators                  Magnetically activated dental implants/implants comprised of ferrous metal                  Cochlear, otologic implants, implanted hearing aid anchors                  CSF shunt                  Ferromagnetic ocular implants, ocular stent                  Pellets, bullets, fragments &lt;30 cm from coil                  Facial tattoos with metallic ink                  Permanent makeup &lt;30 cm from coil</p>
<p>Proceeding with TMS will be up to the doctor's discretion in patients with:</p>	<p>Cardiac Pacemakers, ICD's                  Cardiac stents, filters, valves                  Wearable cardioverter defibrillator                  Wearable infusion pumps                  Implanted insulin pump                  Radioactive seeds</p>

When making a referral, please send patient demographics, contact information, and insurance information. Please include most recent clinical notes and a detailed medication history (2 years or more if available). You may fax the referral information to 828-250-0890. Once referral is made, The Pisgah Institute's TMS Coordinator will contact the patient. If the patient has not heard from the office within five (5) business days, they can call directly at 828-254-9494.