BUTLER HOSPITAL
a Care New England Hospital

TMS Clinic and Neuromodulation Research Facility
345 Blackstone Blvd., Providence, RI 02906
OFFICE: 401.455.6632 | FAX: 401.455.6686 | EMAIL: TMS@CareNE.org

Thank you for contacting Butler Hospital to refer your patient for Transcranial Magnetic Stimulation (TMS) Therapy. All insurance companies have coverage policies for TMS; however we must review and collect detailed information to determine eligibility and medical appropriateness. Although each insurance plan is different, we have listed some general TMS guidelines for you to review to see if your patient may be a potential fit for this treatment.

Inclusion:

- Primary Diagnosis of unipolar Major Depressive Disorder, severe, without psychotic features (F33.2 or F33.1)
- Documented history of failed antidepressant trials (dates/doses/duration is required) showing either lack of clinical response or inability to tolerate
- Trial of evidence-based psychotherapy

Exclusion:

- Presence of metallic objects in the head (excluding mouth) or medical conditions that may increase the risk for seizures such as history of seizures, epilepsy, severe brain injury/trauma, stoke, or brain tumor

Please complete the following form and fax to 401-455-6686. If you have any questions our clinic, we can be reached at 401-455-6632. Our clinical team will reach out to the patient to discuss next steps in the screening process.

Provider Name: _____

Preferred Provider Phone Number: _____Fax:_____

Patient Name: DOB:

Patient Phone Number:

Primary Diagnosis:

Additional Diagnosis:

Antidepressant Trials within the past 10 Years:

Name:	Max Dose:	Start Date:	End Date:	Side Effects/Tolerability:

Augmentation Trials (thyroid, antipsychotics, lithium, stimulants, L-methylfolate, etc.):

Augmenting Drug/Dose:	Concurrent Antidepressant:	Start Date:	End Date:

Additional Notes/Relevant Clinical Information: