



FSU Neuromodulation™ Referral Form

Name: _____

DOB: _____

Phone: _____

Date of Referral: _____

Reason for Referral: _____

***FSU Neuromodulation provides consultative and treatment services only for TMS (Transcranial Magnetic Stimulation). The patient's mental health care will continue to be managed by the referring clinician.*

Please also include:

_____ Current medication list

_____ Most recent labs

_____ Past psychiatric medications list

_____ Neuroimaging reports

_____ Last office note

_____ Face sheet with current insurance

Contraindications for TMS treatment include the following:

Epilepsy, Stroke, Brain Surgery, Devices in the head i.e., cochlear implant, deep brain stimulator, aneurysm devices, Metal in the head i.e., bullet fragments, shrapnel, metal plate, etc., Actively Suicidal, Withdrawing from substances i.e., medications, alcohol, barbiturates, etc.

Certain medications like tricyclic antidepressants, first generation antipsychotics, and stimulants may need to be tapered off prior to treatment.

If there are any questions, please feel free to contact:

Mariah Jensen TMS Coordinator

Phone: (850) 644-5600 | Fax: (833) 324-1669

Office Use Only

Date Received:

Office Staff Initials:

FSU Neuromodulation™ accepts:

Aetna, BCBS, Cigna, Medicare, UHC/Optum, Optum VA/CCN
Self-pay rates available