



Synapse TMS
269B Hamilton Road
Yorkton SK S3N 4C6
Phone: 1-306-782-2533
Fax number: 1-855-262-5309

REFERRAL FORM

Patient Identification:

Name : _____

DOB : _____

HSN : _____

Address : _____

Tel : _____

Referring Physician:

Name: _____

Address: _____

Tel: _____

Fax: _____

Billing number : _____

Indication for TMS:

Major Depressive Disorder

Bipolar Depression

Other _____

Brief Clinical History: (may attach summary)

Previous: TMS ECT

Current Medications and Doses

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Date of Referral

.....
Signature of Referring Physician