UNIVERSITY OF IOWA HOSPITALS & CLINICS
University of Iowa Health Care

UIHC Neuromodulation Referral form

Electroconvulsive Therapy - (ECT)

Repetitive Transcranial Magnetic Stimulation - (rTMS)

Please fill this form out as completely as possible. Unknown items can be left blank. Please attach any recent clinic notes, admission and discharge summaries, or history and physical documentatioin.

Referring Provider Information

Name/Profession	
Phone	
Fax	
Address	

Patient Information

Name	
Date of Birth	
Phone (land)	
Phone (cell)	
Address	
Insurance	
Employment status	
Current location	☐ Home ☐ Hospital inpatient ☐ Residential facility

Reasons for considering neuromodulation as a treatment modality
Please check all circumstances that apply

Electroconvulsive Therapy	Transcranial Magnetic Stimulation Therapy
☐ Failure of 2 or more medication trials of adequate dose and duration during present episode	☐ Failure of 4 or more medication trials of adequate dose and duration during the current episode of Major Depressive Disorder.
☐ Urgency of presentation – Extreme suicidality, NMS, Catatonia	☐ History of less than optimal response to ECT or poor tolerance of ECT.
☐ History of positive outcome with ECT	☐ History of positive outcome with rTMS
☐ Intolerance of psychotropic medications	☐ Intolerance of psychotropic medications
☐ Patient is considering ECT or rTMS as treatment options, but is seeking more information prior to choosing what course of treatment to pursue.	

Psychiatric Diagnoses – Please list all diagnoses and indicate primary diagnosis.

Past Medication Trials for Psychiatric Conditions – 2 different Classes generally required for rTMS.

Medication	Start (mm/yyyy)	End (mm/yyyy)	Dose	Response, S/Es, Reason for Discontinuation

Psychotherapy – Please provide therapists' names and contact information, many insurance companies require documentation of response to psychotherapy for rTMS coverage.

Name:_____ Phone:_____

Street:_____ Fax:_____

City/State/Zip:_____ Email:_____

Medical Diagnoses – Please include cardiac, respiratory, neurologic conditions, and implanted medical devices.

Current Medications for Psychiatric AND Medical Conditions

Medication	Dose	Start (mm/yyyy) – For Psychiatric Conditions Only

Brain-stim@healthcare.uiowa.edu Fax: (319) 384-5203

ECT Services Coordinator: Janet (319) 384-8851 – Janet-pittman@uiowa.edu

TMS services Coordinator: Chris (319) 384-9162 – christopher-sanborn@uiowa.edu