

# SSM Health St. Mary's TMS/ECT Clinic Referral Form

700 S Park Street | Madison, WI 53715 | Phone 608-259-5536 | Fax 608-259-3082

Patient name:

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Patient address:

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Insurance plan and member ID:

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AODA concerns? Yes  No

Any history of past IOP or inpatient stay?

Yes  No  N/A

Past medication trials:

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Referring provider and any additional information:

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Patient DOB:

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Patient phone:

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Depression diagnosis:

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History of seizures, metal implants, pacemakers, or implanted medical devices?

Yes  No

Past history or present psychotherapy methods:

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Please fax this form with  
**"Attn Bree Monson or TMS Clinic"**

Please refrain from sending entire patient record, only include any H&P regarding inpatient stays or most recent appointments within the last six months, if applicable, and medication list.

Please attach ROI to this form. Please reach out to program lead, Bree Monson, with any questions at [bree.monson@ssmhealth.com](mailto:bree.monson@ssmhealth.com)