



Email: [admin@healthybraintms.com.au](mailto:admin@healthybraintms.com.au)

Phone: +61 483 778 631

Address: 7th Floor/2 Wellness Way, Springfield Central, QLD, 4300

Website: [www.HealthyBrainTMS.com.au](http://www.HealthyBrainTMS.com.au)

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Date:

To: The supervising psychiatrist, Dr Sampath Arvapalli

### Referral Letter

I am referring the below individual for you to assess their suitability for TMS treatment for depressive symptoms or diagnosis.

Individual name: .....

Date of birth (dd/mm/yyyy): .....

Address: .....

Phone number: .....

Medicare number/row: .....

DVA number: .....

Private Health Fund number: .....

The medical history shows (*please circle Yes (Y) or No (N) where applicable*)

- Previous trial of two (2) different antidepressant medications: Y/N
- Previous psychotherapy/counselling: Y/N
- Metallic implants in the head/neck (*e.g., aneurysm clips, cochlear implants*): Y/N
- History of Epilepsy: Y/N
- Pregnancy: Y/N

Thank you, and I look forward to your assessment.

Dr: .....

Signed: .....

Provider number: .....

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