



Texas TMS Center  
3215 Steck Avenue, Suite 200  
Austin, Texas 78757  
Phone: 512-610-1111  
Fax: 512-476-0195

## Deep TMS Patient Referral Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

Referring Physician/Provider: \_\_\_\_\_

Psychiatric Diagnosis: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List of **Present** psychiatric medications Dosage Date Started

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
REFERRING PROVIDER SIGNATURE

\_\_\_\_\_  
DATE

Please fax completed form to (512) 476-0195, attention TMS Referral.  
For questions about referring a patient for Deep TMS, please contact our TMS Coordinator,  
Brandon Torres, at 512-610-1111.