



SMART BRAIN AND HEALTH

Advanced Brain Therapeutics

2811 Wilshire Boulevard, Suite 660
Santa Monica, CA 90403
Tel 310.829.3438
Fax 310.453.6416

Patient information

Patient name _____ Date of birth _____

Phone number _____ E-mail _____

Physician information

Ordering physician has specialty training and competency in psychiatry? Yes No

Ordering physician has the following specialty: _____

Ordering physician requests Smart Brain and Health to organize a Neuropsychiatric evaluation prior to TMS treatment. Yes No

Clinical information

Depression Yes No

Anti-depressant medication - please complete the attached anti-depressant treatment record (ATR) .

Other symptoms/complaints:

Pain _____

Headaches

Multiple Sclerosis

Mood Disorders

Post-Stroke

PTSD

Tinnitus

Seizures

Anxiety Disorders

Fibromyalgia

Parkinson's

Closed Head Trauma

Other _____

Psychosis

Metallic implants/devices:

1. Unremovable metal in the head Yes No

2. Metal tattoos Yes No

3. Pacemakers and stimulators Yes No

(Note: Braces and metal fillings are acceptable for treatment).

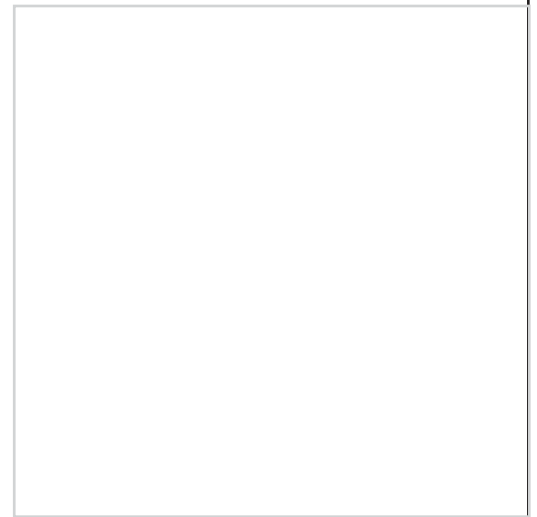
TMS therapy with Smart Brain and Health for _____

Intake Consultation and Therapy Recommendations

1. History

2. Treatment Planning

3. Site Locations and Number of Treatments



4. Post-treatment Summary

Additional Treatments