Physician Referral to UCLA for Evaluation for
Transcranial Magnetic Stimulation Treatment for Depression

To: TMS Treatment Service
UCLA Depression Research and Clinic Program
760 Westwood Plaza, Los Angeles, CA 90024-1759
phone 310-825-7471 :: fax 310-825-7642

From: _____

address _____

City/State _____ Zip _____

phone _____ fax _____

Referring Physician's NPI # _____

Date of Referral: _____

Patient being referred:

Name _____

Date of Birth _____ phone _____

Diagnosis
- ☐ 296.2___ Major Depressive Disorder, single episode
- ☐ 296.3___ Major Depressive Disorder, recurrent
- ☐ 300.4 Dysthymic Disorder
- ☐ 311 Depressive Disorder Not Otherwise Specified
- ☐ other (specify): _____

Consultation question:
- ☐ please evaluate for possible TMS treatment
- ☐ other (specify): _____

Physician Signature: _____ date _____

Please fax this form to UCLA at 310-825-7642
then direct your patient to call 310-825-7471 to schedule an initial appointment