A HEALTHY MIND
INTEGRATIVE HEALTH AND WELLNESS

802 E. Market St
New Albany, IN 47150
Phone: 812-786-8640
fax: 860-492-2994

TMS REFERRAL FORM

Today's Date _____Referring Provider_____

Patient's Name_____

Date of Birth_____ Phone Number_____

Email_____

Reason for Referral

- **Major Depression**
- **Anxiety**
- **OCD**
- **Other**

List of Medications Patient has taken

_____

_____

_____

Please Fax this form and the following patient information to 860-492-2994

Face Sheet

Copy of Insurance Card (both sides)

Most recent office note