



Connecticut Behavioral Health Associates, P. C.

New London, Norwich, Pawcatuck, Groton, Plainfield, Old Saybrook
 New Britain, Southington, Hamden, Glastonbury

PHQ-9 DEPRESSION SCALE HISTORY:

Date	Score	Date	Score	Date	Score

THERAPY HX:

TREATING THERAPIST	TYPE OF THERAPY	SCHEDULE (please circle)	DURATION	SUCCESSFUL "Y" OR "N"	WHY TX WAS INEFFECTIVE
		<input type="checkbox"/> W <input type="checkbox"/> Bi <input type="checkbox"/> M			
		<input type="checkbox"/> W <input type="checkbox"/> Bi <input type="checkbox"/> M			

Extenuating Circumstances: _____

Decline in Functioning: _____

Hospitalizations: _____

Drug /Alcohol Use: _____

ECT HX: _____

TMS HX: _____

PLEASE CHECK OFF ANY OF THE FOLLOWING THAT THE PATIENT HAS EXPERIENCED IN THE PAST:

<input type="checkbox"/>	DOES THE PATIENT HAVE A SUICIDE PLAN OR HAS RECENTLY ATTEMPTED SUICIDE?
<input type="checkbox"/>	IS THE PATIENT PREGNANT OR NURSING?
<input type="checkbox"/>	ACUTE OR CHRONIC PSYCHOTIC SYMPTOMS OR DISEASES; SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER
<input type="checkbox"/>	NEUROLOGICAL CONDITIONS; EPILEPSY, SEIZURES, CEREBROVASCULAR DISEASE, DEMENTIA, HEAD TRAUMA PRIMARY OR SECONDARY TUMORS IN THE CENTRAL NERVOUS SYSTEM
<input type="checkbox"/>	PRESENCE OF AN IMPLANTED MAGNETIC SENSITIVE MEDICAL DEVICE WITHIN 30CM OF TX COIL; COCHLEAR IMPANT, CARDIOVERTER DEFIBRILLATOR, PACEMAKER, VAGUS NERVE STIMULATOR, DEEP BRAIN STIMULATOR, METAL ANEURYSM CLIPS, COILS, STAPLES, STENTS, ELECTRODES, FERROMAGNETIC IMPLANTS IN THE EARS OR EYES
<input type="checkbox"/>	BULLET FRAGMENTS OR SHRAPNEL
<input type="checkbox"/>	FACIAL TATTOOS WITH METAL INK OR PERMANENT MAKEUP
<input type="checkbox"/>	THE PATIENT HAS NONE OF THE FOLLOWING EXCLUSIONARY RESTRICTIONS AND MEETS CRITERIA FOR TREATMENT:

REFERRING PROVIDER SIGNATURE: _____ DATE _____

TMS PROVIDER SIGNATURE: _____ DATE _____