

# rTMS Requisition



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**Repetitive transcranial magnetic stimulation (rTMS)**

- Depression**
- CVA (stroke)**
- Tinnitus**
- PTSD**

**Patient informations:**

<b>Does the patient have:</b>	<b>Yes</b>	<b>No</b>
Pacemaker or defibrillator		
Cerebral aneurysm clip / any intracranial metal implant		
Neurostimulator and/or other electronic implant		
Cochlear implant		

<b>Does the patient have any of following conditions:</b>	<b>Yes</b>	<b>No</b>
Presently pregnant		
Epilepsy		
History of prior craniotomy		

**Clinical informations**

<b>Referring physician</b>			
	<b>Name</b>	<b>Signature</b>	<b>Date</b>