

CONSENT FORM - Clinical, Research and Financial

Transcranial Magnetic Stimulation Consent Form (V1.5) Pioneer Health TMS Service (Other Conditions)

Patient Name: _____

Patient DOB: _____

Patient Address: _____

Patient Phone No: _____

Indication for TMS:

- Tinnitus
- Migraine
- Attention Deficit and Hyperactivity Disorder
- Parkinson's disease
- Other _____

The role of magnetic stimulation in psychiatric and neurological conditions:

Magnetic stimulation refers to stimulation of nerve cells (neurones) in the brain and this is referred to as Transcranial Magnetic Stimulation or TMS. TMS works by generating powerful magnetic pulses that reach through the skull bone to stimulate parts of the brain. By targeting different parts of the brain TMS can treat a variety of psychiatric and neurological conditions. Depending on the frequency of the magnetic pulse, TMS can either stimulate or inhibit nerve cells and neural circuits. There is strong evidence that TMS is effective in treatment of depression and other psychiatric conditions, and emerging evidence that TMS is effective for neurological conditions such as Parkinson's disease, tinnitus, and treatment resistant migraine.

It is important to understand that we cannot guarantee that your symptoms will improve with TMS. There are patients who do not respond to TMS therapy (i.e. non responders). However we have treated patients with tinnitus, Parkinson's disease, attention deficit disorder, and chronic pain conditions in the Pioneer TMS service and have achieved good patient responses.

If you are receiving treatment for **Parkinson's disease**, please understand that TMS therapy will **not** cure your Parkinson's disease. Rather, TMS should be viewed as an adjuvant treatment to the medications that you currently take to manage your Parkinson's disease.

Adverse effects of magnetic stimulation:

Transcranial Magnetic Stimulation is safe and has few side effects.

Common adverse effects of TMS treatment are as follows:

- Headache
- Scalp discomfort
- Tingling, facial muscle twitching
- Noise related discomfort (patients are offered ear plugs during neuromodulation therapy)

Rare adverse effects of TMS are as follows:

- Seizure (the chance of seizure is one in 30 thousand, which is lower than the seizure rate for patients treated with antidepressants.)
Please note that in the unlikely event that you do experience a seizure during treatment, this will affect your fitness to drive.
- Syncope (fainting)
- Mood elevation (elevated mood tends to settle on cessation of treatment)

Unlike electroconvulsive therapy (ECT) TMS causes NO adverse cognitive effects such as memory loss.

Cost of magnetic stimulation:

In Australia, TMS is only covered by Medicare for treatment resistant depression. Unfortunately, there is currently no Medicare support for the use of magnetic stimulation for the treatment of conditions other than depression. This means that patients wishing to access this treatment will need to pay privately for magnetic stimulation treatment with no Medicare rebate being available. At the time of writing there are no private health insurers that will cover the cost of magnetic stimulation for chronic pain, though we encourage you to petition your private health insurers to change this.

Please be aware that the magnetic stimulation fee is not refundable. If you require future maintenance magnetic stimulation therapy or a further treatment cycle, a separate fee will apply.

Your magnetic stimulation treatment cycle quote:

Your number of magnetic stimulation treatments covered by this quote:

Patient Consent

I consent to be involved in the Pioneer Health TMS research project. (Your data would be used for the purposes of research, publications and case reports in a de-identified manner):

Yes

No

I verify that I have read and understood the above information and that I have had sufficient opportunity to discuss my magnetic stimulation therapy with the doctor.

I verify that I have understood the cost of my magnetic stimulation treatment cycle, and that I have agreed to pay the full quoted treatment cycle fee. I understand that non-payment of the quoted fee will result in cessation of the magnetic stimulation therapy. I also understand that the treatment cycle fee is non-refundable.

Patient's Name: _____

Patient Signature: _____

Date: _____

Doctor's Name: _____

Doctor's Signature: _____

Date: _____