



13241 Bartram Park Blvd, Unit 613
Jacksonville, FL 32258
Phone: 904.827.3714
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Direct Referral for TMS

Please complete this form and submit a current history and physical for the patient. After review of the information by a provider, the patient will be contacted to schedule a formal evaluation visit for TMS.

Patient Personal Information:

Name: _____ Home Phone: _____

DOB: _____ Cell Phone: _____ Work phone: _____

Demographics: Gender: ☐ M ☐ F Age: _____

Behavioral Health:

- | | | | |
|--|---------------------------------------|---|---|
| ☐ Daytime Sleepiness | ☐ Anxiety | ☐ Intrusive Thoughts | ☐ Rapid Mood Swings |
| ☐ Depression | ☐ Racing Thoughts | ☐ Poor Sleep | ☐ Other |
| ☐ Fatigue | | ☐ Frequent Awakenings | |
| ☐ Home O2 _____ L | | ☐ Insomnia | |
| ☐ _____ | | | |

Comorbidities:

- | | | | |
|---|--------------------------------------|--------------------------------------|---------------------------------------|
| ☐ MI/CAD | ☐ TIA/CVA | ☐ Pregnant State | ☐ Diabetes |
| ☐ Neuromuscular Dis | ☐ Hypertension | ☐ Obesity | ☐ Dementia |
| ☐ Substance Abuse Cardiac | ☐ Hyperlipidemia | | ☐ Thyroid Disease |

Consultation Request: _____ Routine _____ Re-Assessment

Special Needs: _____ Oxygen _____ Assistance Moving _____ Wheelchair _____ Difficulty hearing
_____ Communicating
_____ Other: _____

Insurances Accepted: Aetna, Florida Blue, UnitedHealthcare, UHC Medicare, Optum, Cigna, UMR, Tricare, Medicare

Ordering Physician: _____ Signature: _____ Date: _____