

Colorado TMS & A New Outlook Recovery Services Intake Form

1510 W. Canal Ct. Ste 2500
Littleton, CO 80120
303-798-2196 Office
303-730-2418 Fax

Client name & Date of birth: _____

At approximately what age did you develop depression? _____

When did the current episode of depression begin (Month & Year)? _____

Have you ever been diagnosed with Major Depressive Disorder? If so, by whom? _____

Have you ever had TMS treatment? YES NO If yes, please list when (month & year) and where you received treatment: _____

Have you ever had ECT (electroconvulsive therapy)? YES NO If yes, please list when (month & year) and where you received treatment: _____

Do you have any metal implants or stimulators in or around your head? YES NO

If yes, please specify: _____

Do you have any of the following psychiatric diagnoses? Please check if yes.

____ Bipolar Disorder ____ OCD ____ PTSD ____ Generalized Anxiety Disorder
____ Substance Use Disorder ____ Schizophrenia ____ Eating Disorder

Do you have any neurological disorders, such as: ____ Epilepsy ____ Seizure Disorder
____ Parkinson's Disease ____ Dementia

Do you currently have, or have you previously had a therapist or counselor? YES NO

If yes, Name & Phone: _____

Location: _____

How often do/did you attend sessions? ____ times per week ____ times per month

Start & End dates of therapy: _____

Reason for stopping therapy? Ineffective ____ Financial reasons ____

Other (please specify) _____

Are you currently taking or previously taken antidepressant medications? YES NO

If yes, please list provider(s) who prescribed medications & contact information: _____

Are you currently planning on taking a vacation or missing any daily treatments during the next 3 months? YES NO

If yes, please give us some more information: _____

Please indicate any of the following antidepressants that you have been prescribed either currently or in the past. This information is required for prior authorization from most insurances.

Medication	Dose	Start/End Dates (Month & Year)	Effectiveness, side effects, etc.
Abilify (aripiprazole)			
Celexa (citalopram)			
Cymbalta (duloxetine)			
Effexor (venlafaxine)			
Elavil (amitriptyline)			
Lamictal (lamotrigine)			
Lexapro (escitalopram)			
Luvox (fluvoxamine)			
Pamelor (nortriptyline)			
Parnate (tranylcypromine)			
Paxil (paroxetine)			
Pristiq (desvenlafaxine)			
Prozac (fluoxetine)			
Remeron (mirtazapine)			
Risperdal (risperidone)			
Sinequan (doxepin)			
Surmontil (trimipramine)			
Tofranil (imipramine)			
Viibryd (vilazodone)			
Wellbutrin (bupropion)			
Zoloft (sertraline)			
Zyprexa (olanzapine)			
(Other)			
(Other)			

Printed name: _____

Signature: _____ Date: _____