



UNIVERSITY PLACE
— **TMS CLINIC** —
& GENERAL PSYCHIATRY

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TMS Consent Form.

Deep Transcranial Magnetic Stimulation (Deep TMS) is an innovative treatment currently FDA-cleared for treatment-resistant major depressive disorder (MDD) / anxious depression, obsessive-compulsive disorder (OCD), and smoking addiction.

Transcranial magnetic stimulation (TMS) is applied by resting a coil on the patient's head. An electrical current flows through the coil, generating a magnetic field that penetrates through the skull and induces a second electrical flow of current in the brain.

When finding the patient's motor threshold (MT), as the current flows through the coil the patient will experience involuntary activation of different muscle groups depending on the positioning of the coil over the motor cortex.

A course of treatment for depression typically consists of 36-44 treatments, with treatments occurring 5 days per week for 4 weeks, then decreasing to 2 days per week.

A course of treatment for OCD typically consists of 29 treatments, with treatments occurring 5 days per week for 5 weeks, then 4 days per week in the final week.

A course of treatment for smoking addiction typically consists of 18 treatments, with treatments occurring 5 days per week for 3 weeks, followed by 1 day per week for 3 weeks. Additionally, you may require maintenance sessions or retreatment for a recurrence of depression.

Before starting TMS, you should discuss with your healthcare provider the available treatment options, including different medications, combinations of medications, psychotherapy, and Electroconvulsive Therapy (ECT). You should understand the relative success rates and prevalence of side effects.

TMS is prescribed and directly supervised by healthcare providers who are trained in TMS, as well as numerous other treatment modalities. TMS is administered by trained technicians who are familiar with different TMS protocols, but may only administer exactly what is prescribed.

They are trained to handle an adverse event, such as a seizure. Provider supervision takes place in several ways:

1. Initial diagnosis and treatment planning,
2. Treatment progress is monitored through patient rating scales and follow-up appointments,
3. If necessary, the TMS operator can call the provider to answer a question and have the provider observe treatment in-person or via video,
4. If there is uncertainty about whether to continue TMS or change the protocol, this should be discussed with the provider, not the technician.

Risks and Discomforts

1. TMS has been used since 1985 and has been FDA-cleared for depression since 2008.
2. Several adverse effects may occur from TMS treatment:
3. Patients may experience headaches, face pain, jaw pain, tooth pain, or neck pain. In most cases, over-the-counter medication (e.g. ibuprofen, acetaminophen, aspirin) will relieve the pain. The vast majority of patients find TMS to be tolerable.
4. TMS produces a loud clicking noise during stimulation, which can result in tinnitus or hearing loss if ear protection is not used. To prevent risk, earplugs are provided. The risk of hearing loss when wearing earplugs is most likely less than 0.01%, or 1 in 10,000 patients.
5. TMS can induce a seizure, even in the absence of brain lesions, epilepsy, or other risk factors. The overall risk for seizures during Deep TMS has been extensively studied, and is approximately 0.06% or 6 in 10,000 patients. TMS does not cause epilepsy.
6. TMS could potentially cause inadvertent teeth clenching, biting of the tongue, and chipping teeth. The overall risk for this is very low.
7. TMS could theoretically induce transient changes in cognition or movement. However, safety studies across numerous clinical trials have found no such side effects to-date.
8. Risks of exposure to a magnetic field during pregnancy are not fully understood.

9. There is only one absolute contraindication for Deep TMS – the presence of a ferromagnetic (highly susceptible to magnetization) substance in the head.
10. While TMS effectiveness and safety has been studied for up to a year, the long-term effects of TMS are unknown.

Acknowledgment.

I acknowledge that I have read and understood this information and consent to treatment.

Name:

Signature:

Date

Print Name: (Responsible Party Name other than the patient/ Legal Guardian

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Relationship:

Signature:**Date**.....