



Shifa Health
TMS Therapy for Depression
 10333 19th Ave SE Suite 109
 Everett, WA 98273
 Ph.: 425-742-4600
 Fax: 425-225-6859
 www.ShifaHealth.org

REFERRAL FORM

Please fax to: Shifa Health TMS center at 425-225-6859

Date: _____

Patient Name: (First, Middle Initial, Last):

Patient DOB: _____

Patient Daytime Phone: _____

Patient Evening Phone: _____

Patient Primary Insurance Carrier: _____

Brief patient history (fax additional record):

Medication	Dose	Duration	Benefit			
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> unsustain response	<input type="checkbox"/> intolerable
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> unsustain response	<input type="checkbox"/> intolerable
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> unsustain response	<input type="checkbox"/> intolerable
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> unsustain response	<input type="checkbox"/> intolerable

Referring Provider Name: _____

Provider Clinic Facility Name: _____

Provider Telephone: _____

Provider Address: _____

10333 19th Ave SE suite # 109 Everett, WA 98208
 1103 Cleveland Ave Mount Vernon, WA 98273

PH: 425-742-4600 Fax: 425-225-6859
 PH: 360-336-6868 Fax: 360-336-6866

www.ShifaHealth.org
 www.SeattleTms.com