



Ian A Cook MD DFAPA, Director  
Los Angeles TMS Institute, Inc.  
11620 Wilshire Blvd Ste 210, Los Angeles, CA 90025  
phone 310-455-6210 || fax 833-814-2558 || director@LATMS.com

**PHYSICIAN REFERRAL FORM**

From: \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
phone \_\_\_\_\_ fax \_\_\_\_\_  
email \_\_\_\_\_  
Referring Physician's NPI # \_\_\_\_\_

Patient being referred:

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
phone \_\_\_\_\_  
email \_\_\_\_\_

Diagnosis:

- Major Depressive Disorder:  single episode  recurrent
- Dysthymic Disorder
- Depressive Disorder Not Otherwise Specified
- Bipolar Disorder, currently depressed
- other (specify): \_\_\_\_\_

Referral is for:

- evaluate for treatment with Transcranial Magnetic Stimulation (TMS)
- evaluate for treatment with Ketamine
- Second Opinion Consultation
- other (specify): \_\_\_\_\_

Physician Signature: \_\_\_\_\_ date \_\_\_\_\_

*Please fax this form to 310-455-6098.  
We will then call your patient at the number you indicated  
to schedule an appointment and coordinate sending us medical records.*

