|  |
| --- |
| Client Name: |
| Date of Service: | Length of Session: |
| TMS Code: [ ]  90867 [ ]  90868 [ ]  90869 | Vital Signs:BP: HR: Temperature: |
| **Present at Session**  |
| [ ]  Client Present [ ]  Client No showed/Cancelled [ ]  Others Present, List name(s) and relationship to client: |
| **Significant Changes in Client’s Condition**  | **Mental Status Exam** |
| [ ]  No significant change from last visit | Appearance: |
| [ ]  Mood/Affect | Behavior: |
| [ ]  Sleep | Mood: |
| [ ]  Appetite | Thought Process: |
| [ ]  Energy | Thought Content: |
| [ ]  Side effects | Cognition: |
| [ ]  Other, Explain:  | Affect: |
| **Diagnosis (select one)** |
| [ ]  F32.2: Major depressive disorder, single episode, severe without psychotic features. [ ]  F33.2: Major depressive disorder, recurrent severe without psychotic features. |
| **Chief Complaint:** |
| Patient presents for the \_\_\_\_\_\_\_ session of TMS treatment for major depressive disorder. |
| **Current Treatment:** |
| [ ]  TMS session using an FDA-approved device **Additional information** (brain mapping, area targeted, redetermination): |
| **Client Response to Intervention:** |
|  |
| **Plan:** |
| [ ]  Continue TMS Treatment: [ ]  Monitoring: [ ]  Follow-Up date: [ ]  Supportive Therapy:  |
| **Patient Education**: |
| [ ]  Discussed the importance of adhering to the treatment schedule. [ ]  Reviewed potential side effects and advised to report any new or worsening symptoms immediately. [ ]  Provided reassurance and support, emphasizing the gradual nature of symptom improvement.  |
| **Provider Information:** |
| Provider Signature & Credentials (if signature illegible, include printed name): | Date of Signature: |