|  |  |  |  |
| --- | --- | --- | --- |
| 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: |