



Transcranial Magnetic Stimulation Progress Note

Client Name:	
Date of Service:	Length of Session:
TMS Code: <input type="checkbox"/> 90867 <input type="checkbox"/> 90868 <input type="checkbox"/> 90869	Vital Signs: BP: HR: Temperature:
Present at Session	
<input type="checkbox"/> Client Present <input type="checkbox"/> Client No showed/Cancelled <input type="checkbox"/> Others Present, List name(s) and relationship to client:	
Significant Changes in Client's Condition	Mental Status Exam
<input type="checkbox"/> No significant change from last visit	Appearance:
<input type="checkbox"/> Mood/Affect	Behavior:
<input type="checkbox"/> Sleep	Mood:
<input type="checkbox"/> Appetite	Thought Process:
<input type="checkbox"/> Energy	Thought Content:
<input type="checkbox"/> Side effects	Cognition:
<input type="checkbox"/> Other, Explain:	Affect:
Diagnosis (select one)	
<input type="checkbox"/> F32.2: Major depressive disorder, single episode, severe without psychotic features. <input type="checkbox"/> 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:	
<input type="checkbox"/> TMS session using an FDA-approved device Additional information (brain mapping, area targeted, redetermination):	
Client Response to Intervention:	
Plan:	
<input type="checkbox"/> Continue TMS Treatment: <input type="checkbox"/> Monitoring: <input type="checkbox"/> Follow-Up date: <input type="checkbox"/> Supportive Therapy:	
Patient Education:	
<input type="checkbox"/> Discussed the importance of adhering to the treatment schedule. <input type="checkbox"/> Reviewed potential side effects and advised to report any new or worsening symptoms immediately. <input type="checkbox"/> 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:

