



12328 102 Ave NW  
Edmonton, AB T5N0L9  
www.neuromedclinic.com  
Phone: (587) 860 1880  
Fax: (587) 860 1860

**Self Referral Form**

Full Legal Name

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Personal Health Number

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Date of Birth

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Address

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Phone number

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Email Address

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Brief History of Presenting Illness or  
Issue

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Previous Psychiatric Diagnosis

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Current Physical  
Diagnosis \_\_\_\_\_

Previous Psychiatric Treatment  
\_\_\_\_\_

Which treatment or treatments are you most interested in? Yes or no below.

rTMS \_\_\_\_\_

MeRT \_\_\_\_\_

Ketamine \_\_\_\_\_

ADHD Assessment \_\_\_\_\_

Is this sent by a Dr? if yes, please put Practitioners information Below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**rTMS and MeRT screen questionnaire: Please answer below Yes or NO**

1. Personal/family history of Seizure disorder \_\_\_\_\_

2. History of fainting or loss of consciousness \_\_\_\_\_

3. Cardiac disease (including arrhythmia, defibrillator insertion, pacemaker) \_\_\_\_\_



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4. Metal (movable i.e., not fillings) fragments/implants in body (, aneurysm clips, cochlear implants, medicine driver, welding, shrapnel) \_\_\_\_\_
  
5. Pregnant \_\_\_\_\_
  
6. Active substance misuse \_\_\_\_\_
  
7. Actively suicidal \_\_\_\_\_
  
8. History of spinal surgery \_\_\_\_\_
  
9. Bipolar illness \_\_\_\_\_