Lakeview TMS Center

# LAKEVIEW TMS CENTER

## TMS THERAPY CONTRAINDICATIONS

Patient Name: _____ Patient DOB: _____

Please read through the list below and check any that apply to you:

_____Aneurysm clips or coils

_____Carotid or cerebral stents

_____DBS electrodes

_____Vagus nerve stimulator

_____Magnetically activated dental implant

_____Cochlear otologic implants

_____CSF shunt

_____Ferromagnetic ocular implants

_____Wearable infusion pumps

_____Permanent makeup <30 from coil

_____Cardiac Pacemakers, ICDs

_____Wearable cardioverters defibrillator (WCD)

_____Implanted insulin pump

_____Magnetically programmable shunt valve

_____Radioactive seeds

_____Staples, sutures

_____VeriChips Microtransponder

_____Wearable physiologic monitors

_____Bone Growth stimulators

_____Portable Glucose Monitors

_____Hearing aids

_____Removable dentures/bridgework

_____Metallic devices implanted in head

_____Metallic devices implanted in neck

_____Cardiac stents, filters, valves

_____Pellets, bullets, fragments above the shoulder line

_____**Please initial** if none of the above contraindications apply to you.

* I am aware that due to titanium implants that there is an increased risk for side effects during treatment.

*** I have read, understood and agree that all provided information is true and accurate. ***

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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