

Patient Full Name: _____ Date: _____

TMS THERAPY EXCLUSION CRITERIA

TMS Therapy is contraindicated for use in some situations as identified below. The TMS Therapy System treatment coil produces strong, pulsed magnetic fields, which can affect certain implanted devices or objects. The magnetic field strength diminishes quickly with increasing distance from the coil. Within 30 cm of the face of the treatment coil, the peak magnetic field can be greater than 5 Gauss, which is the recommended static magnetic field exclusion level for many electronic devices. TMS Therapy is contraindicated for use in patients who have conductive, ferromagnetic, or other magnetic-sensitive metals implanted in their head within 30 cm of the treatment coil.

Removable objects that may be affected by the magnetic field should be removed before treatment to prevent possible injury. (Examples include jewelry/hair barrettes, etc.). Once these objects are removed TMS is not contraindicated for these patients.

Please complete the following form prior to the start of TMS treatment. If you have selected any of the boxes under the Contraindicated Section, then TMS therapy is contraindicated, and therefore would not be a viable treatment option.

In some instances, patients may present with questions regarding permanent tattoos or make-up, permanent mouth retainers, braces, and any other types of metal within or near the head that are not listed as a TMS Contraindication, and that may or may not cause an adverse event, side effect, or any other complication related to receiving TMS therapy. While we are certain of specific contraindications (which are listed on the Confirmed Contraindications Form), there has not been significant research to specifically indicate whether transcranial magnetic stimulation (TMS) will cause any adverse reaction or event or side effect for any situation or circumstance that is NOT listed on our Contraindication Form.

By signing below, you acknowledge the Confirmed Contraindications for TMS Therapy and agree that you do not have any of the Confirmed Contraindications indicated on the TMS Therapy Contraindications Form. You also acknowledge that while permanent tattoos and make-up, permanent retainers, braces, and other non-ferromagnetic materials in or around the head are not listed as a contraindication, there is still a potential for a negative reaction, side effect, or adverse outcome; and you agree to continue with TMS therapy treatment and hold Gemini Health and any of its employees or affiliates harmless of any adverse outcome, event, or side effect that may occur as a result of receiving TMS therapy.

Patient Printed Name: _____ Date: _____

Patient Signature: _____

Witness: _____ Date: _____

CONFIRMED CONTRAINDICATIONS FOR TMS THERAPY

Please check any of the below that applies to you

- ☐ Cochlear implants
- ☐ Implanted electrodes/simulators
- ☐ Aneurysm clips/coils
- ☐ Stents
- ☐ Device leads
- ☐ Deep brain stimulator
- ☐ Vagus nerve stimulators
- ☐ Pacemaker
- ☐ Implanted Cardioverter Defibrillator (ICD)
- ☐ Wearable Cardioverter Defibrillator

>30cm from Head

- ☐ Infusion pump
- ☐ Implanted insulin pump
- ☐ Stents, filters, heart valves
- ☐ Magnetically programmable shunt valves
- ☐ Cervical fixation devices
- ☐ Staples, sutures
- ☐ Radioactive seeds
- ☐ Verichip microtransponder

- ☐ Previously removed ICD
- ☐ Magnetically activated dental implants
- ☐ Ferromagnetic ocular implants
- ☐ Cerebral Spinal Fluid Shunt
- ☐ Pellets, bullets, fragments (30cm from coil)
- ☐ Facial tattoos w/metallic ink
- ☐ EEG electrodes
- ☐ DBS electrodes
- ☐ Metallic devices implanted in head

Remove from Patient

- ☐ Holter monitor
- ☐ Bone growth stimulators
- ☐ Portable glucose monitor
- ☐ Hearing aids
- ☐ Eyeglasses
- ☐ Cell phone
- ☐ Headphones/MP3 players
- ☐ Staples, sutures
- ☐ Radioactive seeds
- ☐ Cervical fixation device

If you have checked any of the above, then TMS therapy is contraindicated as a treatment option and is not recommended as a safe treatment for you.

Patient Printed Name _____

Patient Signature: _____ Date: _____