CONSENT FOR TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT

What is Transcranial Magnetic Stimulation (TMS)?

Transcranial Magnetic Stimulation (TMS) incorporates recent advances in neuroscience to help treat clients with depression. TMS treatment involves using a device which delivers brief electromagnetic pulses to select regions of the brain that control mood. In clients with depression, these brain regions may be underactive or abnormally active. TMS pulses help excite the neurons (brain cells) in those regions to help improve mood by changing their level of activity over time.

Description of the procedure:

- During the procedure, clients will be awake and comfortably seated. There will be no use of anesthesia or sedation.
- The provider will place an electromagnetic coil on the client's head. An initial test will be conducted to determine the proper dose of the magnetic pulse to be used.
- Once the proper dose is determined, the coil will be repositioned over the desired area of the brain that controls mood, and the device will be programmed to deliver short bursts of electromagnetic pulses to that area.
- The TMS device can make loud sounds, so clients will be given earplugs to use during the procedure. Clients will hear a clicking sound as the TMS machine is operating and feel a tapping sensation on the scalp.
- Treatment usually lasts 30-40 minutes. Staff will be present during the entire treatment. Clients can choose to stop the procedure at any time if there are concerns.
- Clients will typically need several treatments. the recommended frequency is 5 days a week for 4-6 weeks.
- Treatment can be continued longer depending on the client's response. Some clients receive maintenance treatments at a reduced frequency after their initial 4-6 week treatment course.
- Client progress will be closely monitored. Clients will update providers on daily progress by filling out weekly mood rating scales. A psychiatrist will review a client's progress and discuss treatment and any issues or questions each week.

Potential benefits of the treatment/procedure:

TMS may help reduce or relieve symptoms of depression and may help to bolster a client's response to other depression treatments (i.e., medications, psychotherapy).

Known risks and side effects include, but not limited to:

- Headaches
- Scalp discomfort at treatment site
- Hearing Loss
- Worsening of Tinnitus
- Trouble Sleeping
- Worsening of depressed mood or emergence of mania
- Seizure
- No improvement in mood
- Your symptoms may return if treatment stopped
- Suicidal Thoughts
- You may require additional tests or treatment

Treatment Alternatives:

Psychotropic Medications, psychotherapy, Electroconvulsive Therapy (ECT) are other treatment options for Depression.

Name: **DMH ID#:**

Agency: **Provider #:**

Los Angeles County – Department of Mental Health

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☐ **I HAVE READ THIS FORM** ☐ **THIS FORM HAS BEEN READ TO ME**

☐ **THIS FORM WAS INTERPRETED IN _____FOR ME.**

If a translated version of this Form was signed by the client and/or responsible adult, the translated version must be attached to the English version.

INFORMATION ABOUT TMS HAS BEEN EXPLAINED TO ME INCLUDING POTENTIAL BENEFITS, RISKS AND SIDE EFFECTS, AND ALTERNATIVE TREATMENTS. I AGREE TO PARTICIPATE IN THIS TREATMENT. I UNDERSTAND THAT CONSENT MAY BE WITHDRAWN AT ANY TIME.

Signature: _____ **Signature:** _____
(Client) (Parent/Legal Guardian/Conservator)

I HAVE EXPLAINED THE BENEFITS, SIDE EFFECTS AND RISKS OF TMS AS MENTIONED ON PAGE 1 AND HAVE OBTAINED THE CLIENT'S /RESPONSIBLE ADULT'S INFORMED CONSENT.

Signature: _____ **Date:** _____
(Practitioner and Discipline)

Name: **DMH ID#:**

Agency: **Provider #:**

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