MH 733
REVISED 7/31/26

Los Angeles County Department of Mental Health
Consent for Transcranial Magnetic Stimulation (TMS) Treatment

What is Transcranial Magnetic Treatment (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 Procedure & Treatment Plan

- **Client Comfort & Environment:** Clients will be awake and comfortably seated. There is no use of anesthesia or sedation.
- **Coil Placement & Dosing:** An electromagnetic coil is placed on the scalp. An initial test is conducted to determine the proper dose of the magnetic pulse. The coil is then positioned over the specific area of the brain that controls mood.
- **Sensation & Sound:** The device produces clicking sounds and tapping sensations on the scalp. Earplugs are provided to manage noise.
- **Duration & Monitoring:** Each session lasts 30–40 minutes. Staff will be present during the entire treatment. You may request to stop the procedure at any time.
- **Frequency & Duration:** Recommended frequency is 5 days a week for 4–6 weeks. Maintenance treatments at reduced frequency may be offered depending on clinical response.
- **Ongoing Evaluation:** Weekly mood rating scales will be filled out by the client. A psychiatrist will review progress and discuss treatment updates weekly.

Potential Benefits, Risks, and Alternatives

Potential Benefits:

TMS may help reduce or relieve symptoms of depression and bolster response to other depression treatments (such as medications and psychotherapy).

Known Risks and Side Effects:

- 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

Name: _____ **ID#:** _____

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Treatment Alternatives:

Alternative treatment options for depression include psychotropic medications, psychotherapy, and Electroconvulsive Therapy (ECT).

Informed Consent & Acknowledgements

Language / Reading Verification:

☐ **I HAVE READ THIS FORM**

☐ **THIS FORM HAS BEEN READ TO ME**

☐ **THIS FORM WAS INTERPRETED IN** _____ (Language) **FOR ME.**

(Note: If a translated version of this form was signed, attach it to this English copy.)

Client / Responsible Adult Acknowledgement:

Information about TMS has been explained to me, including potential benefits, risks, side effects, and alternative treatments. I agree to participate in this treatment. I understand that my consent may be withdrawn at any time.

Signature of Client:	Printed Name of Client:	Date:
Signature of Parent / Legal Guardian / Conservator:	Relationship to Client:	Date:

Practitioner Attestation:

I have explained the benefits, side effects, and risks of TMS as detailed above and have obtained the informed consent of the client or responsible adult.

Signature of Practitioner:	Printed Name of Practitioner and Discipline:	Date:

Name: _____ **ID#:** _____

Agency: _____ **Provider #:** _____

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