transkranielle Magnetstimulation

Patientenvorabklärung rTMS-Behandlung

Family Name	First Name	Date of birth

Handedness: right ☐

left ☐

	Yes	No
1. Have you already been treated with magnetic stimulation? If so, you have side effects or complications experienced? If yes, which ones?	☐	☐
2. Have you already had a magnetic resonance imaging (MRI) done? If yes, when was the last MRI scan? Were there any complications?	☐	☐
3. Do you have metal parts (splinters, clips, etc.) in your brain or in the scalp? If so, what metal? You already had once a brain operation or an accident involving of the brain, possibly with unconsciousness? Do you have inflammation in the brain or on its vessels?	☐	☐
4. Do you have hearing problems or ringing in your ears (tinnitus)?	☐	☐
5. Do you have an implanted hearing aid (“cochlear implant”)?	☐	☐
6. Do you have a pacemaker?	☐	☐
7. Do you have a neurostimulator in your body or an i.V. System, a shunt system on the skull or other electronic ones or radio-controlled devices?	☐	☐
8. Have you ever had a seizure or epileptic seizures?	☐	☐

	Yes	No
9. Have you already lost consciousness? Have you had syncope (fainting)? If so, under which ones conditions?	☐	☐
10. Do you have a neurological disease (e.g. brain tumor, increased intracranial pressure, vascular malformations in the brain, Parkinson's disease,Alzheimer's, etc)?If so, what is the diagnosis?	☐	☐
11. What, if any, are the psychiatric diagnosis(es); or what are yours Main psychological complaints:		
12. Do you suffer from any other serious illness, including cardiac or respiratory disease? If so, what is the diagnosis?	☐	☐
13. Are you pregnant or is there a chance that you are?	☐	☐
14. Do you suffer from migraines?	☐	☐
15. Do you suffer from restless legs syndrome? in or before sleep	☐	☐
16. Are you suffering from lack of sleep?	☐	☐
17. Do you have metallic ink tattoos in the facial area?	☐	☐
18. Do you consume significant amounts of coffee or alcohol If yes, what and how much?	☐	☐
19. Are you taking medication? If yes, which one (complete list)?	☐	☐

	Yes	No
20. Have you recently stopped (less than a week) to take a medication? If yes, which ones?	☐	☐

It should be noted that, as with all medical treatments, TMS can cause side effects, such as:

- Headache, dizziness, drowsiness (harmless, usually short-term)
- Harmless speech disorders (only during treatment)
- Migraine attack (in migraine patients)
- Seizure (extremely rare)
- Tinnitus and its increase (in tinnitus patients)
- Manic episode (extremely rare)
- Questionable fetal damage in early pregnancy
- Growth of an already existing brain tumor
- Aneurysm bleeding in the brain with an existing vascular malformation

I put my watch, cell phone, glasses, credit cards, hearing aids or similar things at least 1 meter to the side.

I understood everything and no further questions. I expressly agree to the treatment.

Place, Date:

Name of patient:

Signature: