PSYCHIATRIC NEUROMODULATION REFERRAL
Please fax referrals to **416-480-5318,**
Attention: **Dr. Matthew Burke, Dr. Sean Nestor & Dr. Clement Hamani**

PATIENT INFORMATION:	
Last name:	First name:
Address:	
Date of Birth (dd/mm/yyyy):	OHIP #: Version code:
Phone number: Can a message be left with another person? Y/N	
*Name	*Relation:
REFERRING PHYSICIAN INFORMATION:	
Physician name:	MD Billing #:
Address:	
Phone number:	Fax #:
MAIN DIAGNOSIS:	
Mild TBI with post-concussive syndrome (for rTMS) ☐	Moderate to severe TBI (for DBS) ☐

REASON FOR REFERRAL:
Details of referral (including target symptoms, goals of treatment and modality being considered) – rTMS or DBS (suitability consults):

CURRENT MEDICAL CONDITIONS:
(please specify):

Has the patient been assessed by a psychiatrist or other mental health professional in the past? Y/N **If yes, it is critical that we receive the previous consultations on your patient to provide effective consultation. Please append them to your referral.**	
Name of Person Completing Form:	Date: (dd/mm/yyyy):

Image-guided, accelerated, theta-burst stimulation for the treatment of post-concussion syndrome

Inclusion Criteria

Inclusion criteria will include a diagnosis of PCS based on ICD-10 criteria:

- Documented evidence of head trauma sufficiently severe to result in loss of consciousness, post-traumatic amnesia and/or acute altered mental status.
- At least three symptoms including headache, dizziness, fatigue, irritability, insomnia, memory difficulties, concentration difficulties, mood dysregulation.
- Onset of symptoms within 4 weeks following the head trauma.
- Age 18-60, inclusive.
- Persistence of PCS symptoms for at least 3 months but less than 12 months
- Able to provide informed consent and comply with the study protocol
- Patients will not be excluded solely on the basis of communication (i.e., non-English speaking) unless they have exclusion criteria that is the cause of the communication difficulties.

Exclusion Criteria

- Evidence of major structural neuroimaging abnormalities (e.g., intracranial hemorrhage, skull fracture or a large intracranial lesion)
- History of prior rTMS therapy,
- Contraindications to MRI (e.g., pacemaker, metallic implants etc.).
- Ferromagnetic, non-removable metallic implants from above the clavicle with the exception of dental work.
- Active personal injury litigation
- History of seizure disorder, not including febrile seizures in childhood
- Substance dependence within the last 6 months
- Pregnant
- Currently taking more than lorazepam 2 mg daily (or benzodiazepine equivalent) or any dose of an anticonvulsant (due to the potential to reduce rTMS efficacy)
- Currently taking an antiepileptic medication
- Mild and major comorbid medical conditions (as determined by investigators – e.g., neurological diseases, uncontrolled hypertension or diabetes, malignancy)
- A major comorbid psychiatric disorder (as determined by investigators – e.g., schizophrenia or bipolar disorder) and/or psychosis at the time of study enrollment.

Deep Brain Stimulation (DBS) for the Treatment of Cognitive Deficits after Traumatic Brain Injury (TBI): Pilot Trial

Inclusion Criteria

1. Female or male patients between age 18-70.
2. Diagnosis of memory and cognitive deficits in patients who suffered TBI will be defined according to the Diagnostic and Statistical Manual 5th edition (DSM-5).
3. Patients with cognitive disorder not otherwise specified, dementia, or amnestic disorder due to TBI will be considered.
4. Performance at least 1.5 standard deviations below the estimated premorbid intelligence (assessed by the American National Adult Reading Test) on memory tests (assessed by the California Verbal Learning Test; CVLT).
5. History of TBI for at least 1 year, preferably with evidence of failure to donepezil, cholinesterase inhibitors and cognitive therapy.
6. Ability to provide informed consent and comply with all testing, follow-ups and study appointments.

Exclusion Criteria

1. Active neurologic disease, such as epilepsy or Alzheimer's disease.
2. Any contraindication to magnetic resonance imaging (MRI) scanning.
3. Presence of clinical and/or neurological conditions that may significantly increase the risk of the surgical procedure
4. Current suicidal or homicidal ideation.
5. Active neurologic disease, such as epilepsy.
6. Pregnancy.
7. Likely to relocate or move during the study's one year duration
8. Patients with renal dysfunction (GFR<60)