



The rTMS Centre (Sheffield)
3 Skye Edge Ave,
Sheffield S2 5FX

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Screening Form

Full Name:

Date of Birth:

Address:

General Practitioner contact details (address) :

Male / Female

Age:

Are you pregnant? **Yes No N/A**

Section 1: Technical Questions

Aneurysm clips or coils	Yes No	Wearable cardioverter defibrillator	Yes No
Cardiac pacemaker or wires	Yes No	Implanted insulin pump	Yes No
Internal cardioverter defibrillator (ICD)	Yes No	Programmable shunt or valve	Yes No
Carotid or cerebral stents	Yes No	Hearing aid	Yes No
Deep brain stimulator	Yes No	Cervical fixation devices	Yes No
Metallic devices implanted in your head	Yes No	Surgical clips, staples, or sutures	Yes No
Dental implants	Yes No	VeriChip microtransponder	Yes No
Cochlear implant/ear implant	Yes No	Wearable monitor (e.g., heart monitor)	Yes No
CSF (cerebrospinal fluid) shunt	Yes No	Bone growth stimulator	Yes No
Eye implants	Yes No	Wearable infusion pump	Yes No
Cardiac stents, filters, or metallic valves	Yes No	Radioactive seeds	Yes No
Vagus nerve stimulator (VNS)	Yes No	Portable glucose monitor	Yes No
Blood vessel coil	Yes No	Tracheostomy	Yes No
Medication patch/nicotine patch	Yes No	Other implanted metal or device If yes, please specify: _____	

Have you ever had complication from an MRI?

Section 2: Clinical Questions.

1) Are you affected by Depression (please specify - Unipolar etc)?
(i) How many months and/or years?

2) Are you currently taking medication for depression? Yes No
(i) Please specify brand/name of medication for clinical depression?
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(ii) How many different medications for depression taken?
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3) Do you have epilepsy? Yes No

4) Have you experienced a seizure within the last 12 months? Yes No
(i) How long did the episode last?.....

(ii) Do you suffer from migraines and/or continuous headaches?
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5) Alcohol / Drug Abuse? (please specify daily intake; e.g. alcohol...)
.....

6) Are you currently on any other medication other than anti-depressants? Please specify.
.....

Other relevant information:

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.....
.....

Signature of person filling this form:

..... Date:.....

Complete and email to info@rtmscentre.co.uk