



Rewire TMS Clinics (PTY) Ltd
 Reg: 2020/
 5 Buckingham Street,
 Lavender Lane, Constantia
 Cape Town, 7806

info@rewire.co.za
 +27 (0)21 794 1321



M.B.Ch.B (UP), FC. Psych. (UCT)

PR: 0094897 ● MP:0454060

- The referring doctor remains in control of the patient management.
- Rewire TMS Clinics does not diagnose, nor adjusts the patient's medication.
- Rewire TMS Clinics is responsible for the patient's safety and welfare during the TMS treatment.

PATIENT DETAILS

Surname:	Cell No:
Full Names:	Alternative No:
Date of Birth:	Email Address:
Medical Aid:	Medical Aid No:

MAIN MEMBER DETAILS

Surname:	ID:
Full Names:	Dependant Code:

DIAGNOSIS / ICD10

ADMISSION

ECT & CLINICAL INTERVENTIONS

CLINICAL INFORMATION

SUMMARY



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REFERRING PSYCHIATRIST

Surname:

Cell No:

PR:

Email Address:

FIRST TMS TREATMENT:

YES:

NO:

Specify IF No:

Signature: _____

A report will be sent via email to referring Psychiatrist on completion of the patient's TMS Therapy course.