

TMS Referral Form

Please complete this form to make a referral for TMS treatment at Grimsby and email it to rebecca.corke@nhs.net Tel. 01472 806800. Alternatively, you can post to FAO Becki Corke at Weelsby View Health Centre, Ladysmith Road, Grimsby DN32 9SW.

Name	
Date of Birth	
Address	
County	
Postcode	
Phone Number	
Mobile	
Email	
Preferred Contact Method	
Preferred Contact Time	
Name & Address of GP	
Who is referring? (e.g. Self-referral, mental health professional, GP)	
Referrers' Contact Details (if different from above)	
NHS Number (if known)	
Reason for Treatment Request	

To help us provide you with the best care possible, it is important that we are aware of any current or previous medical conditions. This allows us to ensure our clinicians can give you the most appropriate guidance. Please mark 'X' if you currently or have previously suffered from any of the below.

- Alcohol abuse
- Substance abuse
- Personality Disorder
- Epilepsy

Please tick this box if you do not wish to declare medical information on this form

Please tick this box to confirm you are happy for TranQuality Solutions Ltd. to communicate with you using the details you have provided on this form.

***Signature of referrer:**

Date: [Click here to select the date](#)

*Please note, if this form is emailed this will be accepted as signature.