

SCREENING FOR TRANSCRANIAL MAGNETIC STIMULATION (TMS)

QUESTIONNAIRE FOR TMS CANDIDATES	YES	NO
Do you have epilepsy or have you ever had convulsion or a seizure?		
Have you ever had a fainting spell or syncope? If yes, please describe on which occasion(s).		
Have you ever had a head trauma that was diagnosed as a concussion or was associated with loss of consciousness?		
Do you have any hearing problems or ringing in your ears?		
Do you have cochlear implants?		
Are you pregnant or is there any chance that you might be?		
Do you have metal in the brain, skull, or elsewhere in your body (e.g., splinters, fragments, clips etc.)? If so, specify the type of metal.		
Do you have an implanted neurotransmitter (e.g., DBS, epidural/subdural, VNS)?		
Do you have a cardiac pacemaker or intra-cardiac lines?		
Do you have a medication infusion device?		
Are you taking any medications? (please list)		
Did you ever undergo TMS in the past? If so, were there any problems?		
Did you ever undergo MRI in the past? If so, were there any problems?		