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## Check List for TMS Patients

You can find these forms on our website located in the *forms tab*.

**Prior to your first appointment, we will need the following forms/documents.**

- Copy of your **Driver's License** or State ID
- Copy of the front and back on your **insurance card(s)**
- TMS Evaluation Packet**
- Rating Scales** (these will be completed for each of your appointments)
  - PHQ-9
  - GAD-7
  - If you have a history of obsessive-compulsive disorder, please complete the **Y-BOC rating scale** *in addition* to the PHQ-9 and GAD-7.
- Release of Information form (ROI)**
  - Please hand-sign the bottom of the release form. It will be used to request your medical history from your previous providers for the purpose of prior authorization.
  - We will need a separate release form for each provider you would like us to request records from

**If you are identified as a good Candidate for TMS and have been cleared for treatment we will need the following forms/documents before you are able to begin treatment:**

- Prior Authorization for TMS treatment from your insurance company
  - This will be completed and submitted by our office. You will be notified if we have received approval from your insurance company.
- TMS consent form**
- Rating Scales:** your progress will be tracked using these rating scales. While you are in treatment, we will ask you to complete these weekly
  - PHQ-9
  - GAD-7
  - If you have a history of obsessive-compulsive disorder, please complete the Y-BOC rating scale in addition to the PHQ-9 and GAD-7.

**We understand that this process can be overwhelming for people with depression. You may ask a family member to help you or contact our office and we will answer any questions you have and help you complete this process.**

## **During Your Treatment**

- You will have frequent followup appointments with Dr.Galliano-Pardo to monitor your progress as necessary.
  
- **Please let us know about any of the following :**
  - Medication changes (both non-psychiatric and psychiatric)
  - Side effects related to medication changes or treatment
  - Improvements
  - Alcohol/ Drug Intake
  - Any concerns you may have
  - Changes in your sleep pattern
  - Schedule changes
  - New providers
  - Upcoming treatments with other providers
  - Any changes regarding your health
  - Vaccinations/COVID-19 Vaccination