SAFETY CHECKLIST FOR TRANSCRANIAL MAGNETIC STIMULATION

Patient Identification:

For any question with a YES answer, please provide details in the space below.

1. Does the patient have epilepsy, or ever had seizures? YES NO
Recent seizures are a relative contraindication

2. Do any of the patient's relatives have epilepsy? YES NO
Epilepsy amongst first degree relatives is a relative contraindication

3. Does the patient have any metal implants in their body or head
(other than tooth fillings) YES NO
Ferromagnetic implants in the head are an absolute contraindication, below shoulders is acceptable

4. Does the patient have any implanted electronics? YES NO
(cardiac pacemaker, defibrillator, cochlear implant, medication pump)
Implanted electronics are absolute contraindications

5. Does the patient experience recurring headaches? YES NO
Recurrent headaches of no known cause that do not respond to over the counter medications are a relative contraindication

6. Has the patient had a skull fracture or serious head injury? YES NO
Skull fracture and serious head injury are absolute contraindications

7. Has the patient ever had head or brain surgery? YES NO
Brain surgery is an absolute contraindication

8. Is there any chance the patient could be pregnant? YES NO
Pregnancy is an absolute contraindication

9. Please list their current medications

Medications that lower seizure threshold are relative contraindications

10. Please outline the patient's previous medical history

THERAPIST TO COMPLETE

The patient and their family wish to know the results of this test YES NO

If No, plan:

Checklist completed by:

Name: _____

Signature: _____

Date: _____

PHYSICIAN OR REGISTRAR TO COMPLETE

TMS approved for this patient YES NO

If the patient is motor evoked potential positive (MEP+) with a 'GOOD' upper limb prediction, will the therapist give the prediction?

☐ Yes

☐ No ***please note: PREP2 predictions are best delivered with a therapist present.***

If No, plan for delivery: _____

If the patient is motor evoked potential negative (MEP-) with a 'LIMITED' or 'POOR' upper limb prediction, will the therapist give the prediction?

☐ Yes

☐ No ***please note: PREP2 predictions are best delivered with a therapist present.***

If No, plan for delivery: _____

Name: _____

Signature: _____

Date: _____