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**Patient Consent for a Medical Procedure**  
**TMS Therapy**

This is a patient consent for a medical procedure called TMS therapy. This consent form outlines the treatment that Dr. Sokkar has prescribed for you, the risks of this treatment, the potential benefits of this treatment to you, and any alternative treatment that are available for you if you decided not to be treated with TMS therapy.

Dr. Sokkar has explained the following information to me:

- a. TMS stands for “Transcranial Magnetic Stimulation”. TMS therapy is a medical procedure. Your TMS treatment will be conducted using a device called the Magstim Rapid-2 Therapy System, which provides electrical energy to a “treatment coil” or magnet that delivers pulsed magnetic fields. These magnetic fields are the same type and strength as those used in magnetic resonance imaging (MRI) machines.
- b. TMS Therapy is a safe and effective treatment for patients with depression who have not benefited from antidepressant medications.
  - c. Specifically, TMS Therapy has been shown to relieve depression symptoms in adult patients who have been treated with one antidepressant medication given at a high enough dose and for a long enough period of time but did not get better.
  - d. At this time, there are no studies that show that TMS therapy works for patients who did not get better after taking two or more antidepressant medications at a high enough dose and for a long enough period of time or who did not take any antidepressants during this current period of depression.
  - e. During a TMS treatment session, the doctor or a member of their staff will place the magnetic coil gently against my scalp on the left frontal region of my head. The magnetic fields that are produced by the magnetic coil are pointed at a region of the brain that scientists think may be responsible for causing depression.
  - f. To administer the treatment, the doctor or a member of their staff will first position my head in the head support system. Next, the magnetic coil will be placed on the left

side of my head, and I will hear a clicking sound and feel a tapping sensation on my scalp. The doctor will then adjust the TMS device so that it will give just enough energy to send electromagnetic pulses into the brain so that my right hand twitches. The amount of energy required to make my hand twitches is called the “motor threshold” (MT). Everyone has a different motor threshold and the treatments are given at an energy level that is just above my individual motor threshold. How often my motor threshold will be re-evaluated will be determined by my doctor.

g. Once the “motor threshold” is determined, the magnetic coil will be moved, and I will receive the treatment as a series of “pulses” that last about 4 seconds, with a “rest” period of about 26 seconds between each series. Treatment is to the left front side of my head and will take about 40 minutes. I understand that this treatment does not involve any anesthesia or sedation and I will remain awake and alert during the treatment. The standard protocol is for me to receive these treatments 5 times a week for 6 weeks (30 treatments); however, the frequency and number of treatments may be modified by Dr Sokkar based on our discussions. I will see Dr Sokkar each time I receive a treatment, and my improvement will be evaluated weekly by him during this treatment course. The treatment is designed to relieve my current symptoms of depression.

h. During the treatment, I may experience tapping or painful sensations at the treatment site while the magnetic coil is turned on. These types of sensations were reported by about one third of the patients who participated in the research studies. I understand that I should inform the doctor or his staff if this occurs. The doctor may then adjust the dose or make changes to where the coil is placed in order to help make the procedure more comfortable for me. I also understand that headaches were reported in half of the patients who participated in the clinical trial for TMS device. I understand that both discomfort and headache got better over time in the research studies and that I may take common over-the-counter pain medications such as acetaminophen if a headache occurs.

i. The following risks are also involved with this treatment:

TMS therapy should not be used by anyone who has magnetic-sensitive metal in their head or within 12 inches of TMS magnetic coil that cannot be removed. Failure to follow this restriction could result in serious injury or death. Objects that may have this kind of metal include:

Aneurysm clips or coils

Stents  
Implanted Stimulators  
Electrodes to monitor your brain activity  
Ferromagnetic implants in your ears or eyes  
Bullets fragments  
Other metal devices or objects implanted in the head.

- j. TMS therapy is not effective for all patients with depression. Any signs or symptoms of worsening depression should be reported immediately to your doctor. You may want to ask a family member or caregiver to monitor your symptoms to help you spot any signs of worsening depression.
- k. Seizures (sometimes called convulsions or fits) have been reported with the use of TMS devices. However, no seizure were observed with use of TMS therapy in over 100,000 patient treatment sessions.
- l. Because the TMS device produces a loud click with each magnetic pulse, I understand that I must wear earplugs or similar hearing protection devices with a rating of 30dB or higher of noise reduction during treatment.
- m. I understand that most patients who benefit from TMS Therapy experience results by the fourth week of treatment. Some patients may experience results in less time while others may take longer.
- n. I understand that I may discontinue treatment at anytime.

I have read the information contained in this Medical Procedure Consent Form about TMS Therapy and its potential risks. I have discussed it with Dr Sokkar who answered all of my questions. I understand there are other treatment options for my depression available to me and this has also been discussed with me.

I therefore permit Dr. Sokkar and his staff to administer this treatment to me.

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Patient's Signature

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Doctor's Signature

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Date

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Patient's Name

Hazem H Sokkar, M.D.  
Doctor's Name