



Pacific Northwest Recovery & Counseling
TMS Oregon
Liana Hategan MD PC

Pacific Northwest Recovery and Counseling
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Provider Referral Form

Date: _____

Referring Provider: _____

Provider contact info (best, email/phone): _____

Patient Name: _____ DOB: _____

Patient Address: _____

Patient Contact phone number/s: _____

Patient has been diagnosed with moderate to severe Major Depressive Disorder that is currently active without psychotic features?

Yes No

Does patient have any implanted metal? Yes No If yes

Examples may include: vagus nerve stimulators, cochlear implants, shunts, pacemakers, defibrillators, aneurysm clips/coils, carotid or cerebral vascular stents, metal fragments/shrapnel, permanent makeup, tattoos. Most dental implants are safe, but please include in response.

Does patient have a seizure disorder? Yes No

Antidepressant medications tried/failed and approximate dates of use:

Patient has attended behavioral/psychotherapy? Yes No

Approximate date(s)/place/therapist?

Please provide:

- ✓ Front and back copy of all insurance cards (primary/secondary)
- ✓ Recent (within 30 days) PHQ-9