CRESTLINE HEALTH & WELLNESS

3300 Cahaba Road
Suite 100
Birmingham, AL 35223

(205) 848-2768

_____ _____
Patient Name Date of Birth

Consent to Treatment: Transcranial Magnetic Stimulation via EXOMind

Treatment Preparation
Preparation for EXOMind therapy requires no special measures. You may eat, drink, and take your usual medications unless otherwise instructed by your physician. It is recommended that you avoid alcohol, tobacco products, caffeinated beverages, or other substances prior to the session. For safety reasons, it is essential to remove all jewelry and/or metal objects near the treatment area, as the magnetic field may interact with the metal. To ensure comfort during the session, it is advisable to wear loose and comfortable clothing.

Patient Initials:_____

Treatment Information
EXOMind therapy utilizes magnetic pulses to stimulate specific areas of the brain. The FDA cleared EXOMind for patients suffering from Major Depressive Disorder who failed to achieve satisfactory improvement from previous antidepressant medication treatment in the current episode. During the session, you may experience a light tapping or tingling sensation on your scalp. The therapy is non-invasive and does not require anesthesia.

The therapy is designed to ensure patient comfort and is generally well-tolerated. While some individuals may experience mild discomfort during the initial sessions, this typically diminishes as therapy progresses. It is important to note that the therapy should never be painful. If you experience any discomfort, inform your provider so the settings can be adjusted accordingly.

No recovery time is required following the session, and patients can resume their usual daily activities immediately after the therapy.

Patient Initials:_____

Contraindications
I am aware that I MUST NOT have metallic objects on or near my head during therapy. TMS devices are contraindicated for use in patients who have conductive, ferromagnetic, or other magnetically sensitive metals implanted in their head or within 12 inches (30 centimeters) of the treatment coil (e.g. cochlear implants, implanted electrodes/stimulators, jewelry, hair accessories). Exceptions apply to dental materials such as standard amalgam fillings, single-post dental implants, dental bridgework, and braces; these devices do not contraindicate the therapy.

Additionally, I acknowledge that TMS devices are contraindicated in patients with active or inactive implanted stimulator devices (e.g. deep brain stimulators, cochlear implants, ocular implants, vagus nerve stimulators), as well as patients with implanted drug delivery pumps. Failure to follow these restrictions could result in serious injury or death.

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Consent to Treatment: Transcranial Magnetic Stimulation via EXOMind (Cont'd)

Have you ever had, or do you currently have, any of the following conditions?
(Consult your treatment provider for the full list of contraindications)

• Metallic objects in or near the head (exceptions apply to dental materials, such as standard amalgam fillings, single-post dental implants, dental bridgework, and braces).	☐ YES	☐ NO
• Implanted stimulator devices (e.g. deep brain stimulators, cochlear implants, ocular implants, vagus nerve stimulators, pacemakers, defibrillators).	☐ YES	☐ NO
• Drug pumps	☐ YES	☐ NO
• Malignant tumor or benign tumor	☐ YES	☐ NO
• Tendency to seizure (e.g. persons suffering from hypotonia or epilepsy)	☐ YES	☐ NO
• Pulmonary insufficiency	☐ YES	☐ NO
• Anticoagulation therapy	☐ YES	☐ NO
• Severe or life-threatening medical conditions	☐ YES	☐ NO
• Decompensated hemorrhagic conditions	☐ YES	☐ NO
• Heart disorders	☐ YES	☐ NO
• Renal insufficiency	☐ YES	☐ NO
• Decompensated blood coagulation disorders	☐ YES	☐ NO
• Decompensated cardiovascular disorders	☐ YES	☐ NO
• Pregnancy	☐ YES	☐ NO
• Fever	☐ YES	☐ NO

If you answered "YES" to any of these conditions, please specify:

_____

_____

_____

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Consent to Treatment: Transcranial Magnetic Stimulation via EXOMind (Cont'd)

Therapy Considerations
I am aware that pregnancy is contraindicated, and pregnant women cannot undergo this therapy.

Patient Initials:_____

I understand that the safety and effectiveness of this therapy have not been established in:

- Individuals under the age of 22.
- Individuals with a suicide plan or recent suicide attempt.
- Individuals who are unable to discontinue concurrent antidepressant medication.
- Individuals with a history of or concurrent use of electroconvulsive therapy (ECT) or vagus nerve stimulation.
- Individuals with substance-induced depression or depression secondary to a general medical condition.
- Individuals with seasonal affective disorder.
- Individuals with a history of substance abuse, obsessive-compulsive disorder, or post-traumatic stress disorder.
- Individuals with psychotic disorders (e.g. schizoaffective disorder, bipolar disorder, major depression with psychotic features).
- Individuals with neurological disorders (e.g. history of seizures, cerebrovascular disease, primary or secondary CNS tumors, cerebral aneurysm, dementia, movement disorders).
- Individuals with a history of increased intracranial pressure or head trauma.
- Individuals who are nursing.

Patient Initials:_____

Monitoring and Follow-Up
Your provider will closely monitor your progress and adjust treatment settings as necessary to maximize effectiveness and minimize discomfort. Patients are encouraged to involve caregivers or family members to monitor their symptoms and report any significant changes.

Patient Initials:_____

I certify that I have had the opportunity to ask questions about this procedure and that they have been answered to my satisfaction. I acknowledge that I have read (or had read to me) and fully understand this consent form, including potential risks, side effects, and alternatives.

My signature below indicates that the above information is accurate and current.

_____ _____
Patient Signature Date and Time

_____
Witness to Signature