



Medsana Medical Clinic  
GF 103 Building 10 Freeway Office Park  
2728 Logan Rd  
Eight Mile Plains QLD 4113

## DR MUHAMMAD NAEEM KHAN

### PSYCHIATRIST

MBBS FRANZCP

Provider Number: 555310EW



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(07) 3852 4878

WEBSITE:  
[www.medsana.com.au](http://www.medsana.com.au)

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[admin@medsana.com.au](mailto:admin@medsana.com.au)

Dear GPs and Psychiatrists,

Do you have patients with a **Major Depressive Disorder**?  
And you are concerned that they have not responded to or  
tolerated their antidepressant medications.

We are now offering **repetitive Transcranial Magnetic Stimulation**  
(rTMS) for Major Depression and a range of other conditions.  
rTMS may bring MDD sufferers into remission. rTMS now attracts  
a Medicare rebate when delivered in a credentialed outpatient  
setting like at Medsana Medical Clinic (conditions apply).

Dr Khan is a consultant psychiatrist at Logan Hospital who is  
commencing private practice. He will be prescribing the dose of  
rTMS, monitoring response and writing back to you. Dr Khan will  
also be accepting **general adult psychiatry** referrals.

Dr Khan has a dedicated team of credentialed TMS clinicians and  
nurses who will be supporting your patient's journey to recovery.

The GPs here are also exploring the concept that patients may be  
the most receptive to change or neuroplastic within the first half  
an hour after a session of rTMS. We have developed a **wellness  
program** focusing on sleep, healthy cognitions, healthy eating and  
physical activity to augment the rTMS.

Lastly, we are also conducting a study in collaboration with My  
Rehab Team and Dr Alex Lehn a Brisbane Neurologist. We are  
looking for patients with **Functional Neurological Disorders and  
MDD**. Please refer your patients directly to us for processing or  
via Dr Alex Lehn if diagnosis is required. Please mark these  
referrals: "**FOR CLINICAL STUDY at Medsana**"

For a fee breakdown please contact us. The out of pocket  
expense for 35 sessions over 7 weeks is under \$1365. Reduced  
fees may be available with other funding arrangements.

We look forward to hearing from you.

#### **Medsana Medical Clinic**

Dr Muhammad Naeem Khan (TMS Psychiatrist)

Dr Linh Cheung (GP and TMS clinician)

Dr Jamie Nuttall (GP)

Dr Alex Ling (GP)

Dr Champak Chakraborty (GP)

Dr Alvin Lim (GP)

TMS Nurses Donna, Misha and Steffi

TMS Clinicians Grace (Speech), Jenny (Physio) and Jacob (Physio)



# rTMS

## Repetitive Transcranial Magnetic Stimulation

### What is TMS?

**Transcranial Magnetic Stimulation (TMS), uses non-invasive magnetic pulses to activate the positive mood circuits in the limbic system, which is the emotional centre of your brain.**

The controlled magnetic fields turn on these underactive circuits. Repeatedly activating these circuits with TMS trains them to perform normally.

At Medsana Medical Clinic, rTMS is typically administered by credentialed clinicians to alleviate symptoms of Major Depressive Disorder (MDD) in cases where other treatments have not been effective.



### What is the treatment process?

#### Patient Care

A Coordinator will contact you to ask screening questions, answer any questions you may have and book your initial assessment. They will also facilitate funding arrangements (if required) after completion of the initial assessment.

#### Visit

A Psychiatrist and/or TMS Clinician will assess your suitability, treatment history and establish a baseline measure which will be used to determine whether the treatment is working.

Additionally, the resting motor threshold - dose and individual TMS treatment - will be determined.

#### Acute Treatment

In this phase you will have 3-5 sessions a week (approximately 60mins/session) for 4-7 weeks. A Psychiatrist/TMS Clinician will measure how you are responding to treatment at regular intervals.

After this first block of treatment changes in your mood should be noticeable.

If TMS is working for you, treatment will continue. A report will be delivered to your treatment team at the end of this phase. Treatment may be extended if necessary, depending upon your response.

#### Maintenance Treatment

After you have completed the acute phase of treatment, you may be prescribed ongoing maintenance treatment as part of your relapse prevention plan.

For more information call:

**07 3852 4878**

Or visit our website:

**medsana.com.au**

**REFERRAL FORM FOR TRANSCRANIAL MAGNETIC STIMULATION (rTMS)**

 Medical Objects: Dr Muhammad Naeem **Khan** (Psychiatrist) Provider Number 555310EW  
 Dr Linh **Cheung** (TMS clinician/GP) Provider Number 233102UL  
 Email: [admin@medsana.com.au](mailto:admin@medsana.com.au)
[www.medsana.com.au](http://www.medsana.com.au)

'Building Healthier Lives'

Dear Psychiatrist / TMS clinician,

**Patient Details**

Name	
DOB	
Address	
Mobile	
Email	

**Alternative Contact Details**

Name	
Relationship	
Phone number	

**Funding**

<input type="checkbox"/>	Medicare Number		Expiry	
<input type="checkbox"/>	Private Health Fund Membership Number			
<input type="checkbox"/>	Self Funded			
<input type="checkbox"/>	DVA Number		Expiry	
<input type="checkbox"/>	WorkCover Claim Number			

**Referral Details**

 Reason(s):  Major Depressive Disorder  PTSD  Chronic pain  Obsessive-compulsive disorder  
 Other:

**Medications and Clinical Details**

<input type="checkbox"/>	The patient has trialed 2 or more classes of antidepressants	Details:
<input type="checkbox"/>	Currently admitted at a hospital	Details:
<input type="checkbox"/>	Previously admitted at a psychiatric hospital	Details:
<input type="checkbox"/>	Has previously received rTMS	Details:

**Precautions and Potential Contraindication(s)**

<input type="checkbox"/>	Implantable medical pump or stimulator (including pacemaker)
<input type="checkbox"/>	Cochlear Implant
<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Pregnant
<input type="checkbox"/>	Metal in the body e.g. shrapnel, surgical clips, splinters or fragments

**Referrer Details:**

Requesting Doctor	<input type="checkbox"/> Psychiatrist <input type="checkbox"/> GP <input type="checkbox"/> Other:		
Name:		Signature:	
Provider Number:		Date:	
Practice Name and details:			