



Phone: 319-337-8329  
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www.corridorketamine.com  
**Referral Form**

## PATIENT AND CLINIC INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Patient's Phone #: \_\_\_\_\_ Patient's Email : \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Care Provider/ Mental Health Provider (Circle One)

Primary Care/ Mental Health Provider Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mental Health Provider's Clinical Email Address: \_\_\_\_\_

*(If you'd like updates on your patient's progress – please provide an email address!)*

## KETAMINE THERAPY OPTIONS

Requested Therapy (check all that apply):

- Ketamine Therapy for Treatment Refractory Depression (Intravenous Route) 0.5-1.0 mg/kg IV over 40 minutes
- Spravato™ (esketamine) Therapy for Treatment Refractory Depression (intranasal route) 56 mg and 84 mg doses (Ages > 18 only)

Depression Diagnosis (with ICD-10 Code):

- Major Depressive Disorder, single episode, mild (F32.0)
- Major Depressive Disorder, single episode, moderate (F32.1)
- Major Depressive Disorder, single episode, without psychotic features (F32.2)
- Major Depressive Disorder, single episode, unspecified (F32.9)
- Major Depressive Disorder, recurrent, Mild (F33.0)
- Major Depressive Disorder, recurrent, moderate (F33.1)
- Major Depressive Disorder, recurrent, severe without psychotic features (F33.2)
- Major Depressive Disorder, recurrent, unspecified (F33.9)
- Other diagnosis: \_\_\_\_\_



**CORRIDOR  
KETAMINE**  
STOP STRUGGLING.  
START LIVING.

Patient Name: \_\_\_\_\_

## **PATIENT DEPRESSION HISTORY**

Duration of Symptoms: \_\_\_\_\_ Is the depression treatment refractory? YES NO

Current Symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History of or Current Substance Abuse Disorder? YES NO

If yes, list disorder and any other pertinent details (e.g. treatment course/plan, current management, length of remission, etc.): \_\_\_\_\_

Suicidal Ideations Present? YES NO

Has the patient attempted suicide in the past? YES NO

Is the patient currently taking anti-depressants? YES NO

History of psychosis? (If yes, provide details): YES NO \_\_\_\_\_

**(Note: Per FDA guidelines, patient must currently be taking an antidepressant to receive Spravato treatment)**

Current antidepressant medications, dosages, and start date of therapy:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Have the medications been effective in reducing depression symptoms? YES NO

If the pt. is NOT currently taking any anti-depressants, have they taken them before? YES NO

