

## REFERRAL REQUEST FORM FOR KETAMINE INFUSION

<b>IMPORTANT DETAILS</b>	Referring <b>Psychiatrist:</b>
Patient Name:	Fax #:
Date of Birth:	Phone #:
Patient Phone #:	Billing #:
Patient OHIP #:	Address:

### REASON FOR REFERRAL:

- |  |   |
|--|---|
| <input type="checkbox"/> Depression                    | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Obsessive Compulsive Disorder | <input type="checkbox"/> Other (please specify): _____  |

### ORDER DOSE :



- |  |  |
|--|--|
| <input type="checkbox"/> 0.5mg/kg per 40 minutes | <input type="checkbox"/> Other (Please specify): _____ |
|--|--|



- I checked patient satisfies Inclusion and Exclusion criteria

<p><b>INCLUSION criteria:</b></p> <ul style="list-style-type: none"> <li>18-65 years of age (anyone over the age of 65 must be medically cleared by our team)</li> <li>Diagnosed with either Major Depressive Disorder (MDD), Bipolar Disorder (BD), Post-Traumatic Stress Disorder (PTSD) or Obsessive Compulsive Disorder (OCD) by a healthcare provider.</li> <li>Experiencing an Major Depressive Episode (MDE) as defined and operationalized in the DSM 5.0</li> <li>Individuals who may have comorbid psychiatric conditions, but the comorbid psychiatric condition can be neither the primary condition or the primary clinical concern</li> <li>Individuals reporting suicidal ideation will be included, as suicidal ideation is a symptom of MDE</li> <li>Individuals must have received at least 2 guideline concordant treatment trials with pharmacotherapeutic treatment options as suggested in the CANMAT MDD guidelines 2016, Florida Medicaid guidelines 2017, or the CANMAT ISBD guidelines for BD 2013.</li> </ul>	<p><b>EXCLUSION criteria:</b></p> <ul style="list-style-type: none"> <li>Individuals who meet DSM 5 criteria for a substance use and or alcohol use disorder</li> <li>Any individual who has met DSM 5 criteria for a Substance Use Disorder and/or alcohol use disorder in the past 3 months.</li> <li>Individuals who are experiencing psychotic symptoms as part of an MDE (mood congruent/mood incongruent)</li> <li>Individuals who are unable to consent to the treatment</li> <li>Individuals who are unable to adhere to the protocol in its totality (i.e., remain in the clinic post infusion for up to 2-3 hours for observation)</li> <li>Individuals who are unable to identify a person to assure their safe transport to home post infusion</li> <li>Individuals with symptomatic traumatic brain injury</li> <li>Uncontrolled medical disorders (i.e., uncontrolled and/or insufficiently treated hypertension, allergies to ketamine and/or previous intolerance of ketamine)</li> <li>Pregnancy</li> <li>Medical contraindications to ketamine</li> <li>Patients that are over 275 lbs.</li> </ul>
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**\*Please note that this service is not covered by OHIP\***

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Psychiatrist name

\_\_\_\_\_  
Billing#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date