



Physician/Mental Health Professional Referral

Patient Name and Date of Birth

Patient Phone Number

Physician/Mental Health Professional Name

Specialty

Physician/Mental Health Professional Email

Professional's Phone

I am currently treating this patient for the following diagnosis(es):

Patient's current psychiatric medications:

Patient's previous psychiatric medications:

Do you believe this patient may have an active substance use disorder? _____

Please circle any of the following contraindications:

- Uncontrolled hypertension
- Unstable heart disease
- Untreated hyperthyroidism or tachycardia
- Raised intracranial or intraocular pressure
- Urinary incontinence, urgency or pain
- Pregnancy
- Psychosis, schizophrenia, current mania
- Seizure disorder
- Currently on lamotrigine (Lamictal) or regular benzodiazepine use
- MAOI antidepressant treatment

Treatment protocol:

- 1. Patient will be contacted by our office for screening and scheduling. They will be provided with pre-procedure instructions. A consultation fee of \$250 will be taken at that time to pay for the initial consultation. If they are approved for ketamine therapy and proceed with the first infusion, the \$250 dollars will be applied towards the series of 6 infusions \$3250.*
- 2. Patient will receive 6 separate infusions of ketamine over a 2 week period. Dosing of ketamine will be 0.5 mg/kg.*
- 3. We will check their mood throughout their weeks of treatment, and after the sixth infusion, we will determine whether ketamine has been effective for their treatment resistant depression. For the responders, maintenance infusions (\$400 each) will be scheduled. On average, maintenance infusions are between 12 to 20 weeks.*

Please read the following and sign below:

- This patient and I would like to initiate ketamine infusion therapy as an adjunct to the management of the above illness.
- I acknowledge that I may review information about this therapeutic option at <https://newlifeketamine.com/> and that I may contact New Life Ketamine Clinic, LLC to discuss treatment.
- I will follow up with this patient during and after the completion of the treatment course a New Life Ketamine Clinic, LLC or refer him/her to a licensed medical professional for follow-up.

Physician Signature

Date

Please return the completed form:

Fax: (888) 415-7928

Email: Info@NewLifeKetamine.com

Mail: New Life Ketamine Clinic LLC, 7905 Schatz Pointe Dr. Suite 100
Dayton, OH 45459