



**Specialized
Infusions**

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Patient Referral Form

- Please fill in all fields
- You may **fax or email** your referral using the above information
- Please **include** the following information with this form (if available):
 - **Last 2-3 treatment notes**
 - **Latest laboratory results (BMP/CMP, CBC, LFT's, thyroid panel, Vit B12 & D) and EKG if available**

Date:	From:
_____	_____
# of pages (including cover):	Title:
_____	_____
To: Specialized Infusions, LLC	Phone:
_____	_____
Fax #: (503) 444-9558, Email: info@specializedinfusions.com	Fax:
_____	_____

Patient Information

Patients Full Name:		
_____	_____	_____
DOB:	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell
_____	_____	_____

Consult Request

Diagnosis and ICD 10 (required):

Medical Comorbidities, if any:

Reason for Consultation: ketamine infusions - please indicate # of infusions approved by you:

Referring Provider Information

Referring Provider:	Specialty:
_____	_____
Phone:	Fax:
_____	_____
Preferred communication: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone	Email:
_____	_____
Signature:	

By signing above, I acknowledge that I feel that ketamine infusion therapy may benefit this patient and am referring him/her for evaluation as an adjunctive treatment for his/her diagnosis. My patient does not have any known psychiatric contraindications to administration of ketamine. I agree to collaborate with Specialized Infusions regarding the treatment of my patient. I will continue to follow and maintain primary responsibility for my patient during and after the completion of the course of therapy. I understand that Specialized Infusions does NOT provide mental health services. I agree to be the patient's mental health contact.

Confidentiality Notice: This is a confidential fax/email and is intended solely for the person/institution indicated above. If you are not the intended person, you are hereby notified of the confidential nature of this communication and that you are not entitled to read, copy or otherwise disseminate any of the information contained herein.