

Ketamine Assisted Therapy - Clinic Referral Form (Hamilton Location)



Hamilton Clinic: 1223 Barton Street E Unit S5, Hamilton ON L8H 2V4

Patient Information

Patient Name:

DOB:

Email:

Phone Number:

Alternate Phone Number:

Referral Criteria

Agreeable to self-pay for the treatment bundle (approx. 2K +HST) and medications (approx. \$80 - \$100)

Patient has a confirmed diagnosis of Anxiety, Depression or PTSD and is currently receiving psychotherapy

Agreeable to in-person (Hamilton) and remote (online) appointments

Has been treated with conventional therapies in the past: medications, group CBT, psychotherapy, ECT/MST which have proven not to be effective

Patient is over 18 and is not nursing, pregnant / nor has plans to become pregnant in the next 3 months

Patient does not have a history of Psychosis

Patient is not actively suicidal

Patient does not currently have an active substance misuse: alcohol, cannabis, non-prescription drugs Patient does not have a seizure disorder

Patient does not have an unstable cardiac disease

Healthcare Provider

CPSO #

Billing #

Healthcare Provider:

Phone Number:

Fax Number:

Address:

City & Province:

Postal Code:

Are you the patient's Family Physician or Most Responsible Physician (MRP):

Yes

No

Reason For Referral

Healthcare Provider Signature:

Please complete and fax in this form
FAX: 1-888-533-6512 | PHONE: 1-844-622-7246