Ketamine Assisted Therapy - Clinic Referral Form (Hamilton Location)

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

PAIN CARE CLINICS

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