Phone: (417) 512 - 8788

Fax: (417) 605 - 2831

Email: info@elevatehealthspg.com

Address: 3646 South Campbell Ave

Springfield, Mo 65807

What treatment are you referring your patient for?

- ☐ **Ketamine Infusion Therapy**
- ☐ **Spravato**

Please review the following indications for Spravato. Insurance will **NOT** cover for other indications including patients with bipolar depression. Ketamine Infusion Therapy may be an option for the patients with indications outside of those required for Spravato. Ketamine Infusion Therapy is a **CASH PAY ONLY** service, the treatment is **NOT** covered by insurance.

Spravato Indications:

- Treatment-resistant depression (TRD) in adults, as monotherapy or in conjunction with an oral antidepressant.
- Depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideations or behavior in conjunction with an oral antidepressant.

Please review and ensure no contraindications:

- Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial and peripheral arterial vessels) or arteriovenous malformation.
- Intracerebral hemorrhage
- Hypersensitivity to esketamine, ketamine or any of the excipients.
- Uncontrolled hypertension
- Pregnancy
- Active substance abuse

PATIENT INFORMATION

First Name: Last Name: Date of Birth:

Email: Phone Number:

Address: Town/City: State: ZIP Code:

Primary Insurance: Policy Number: Group Number:

Policyholder Name: Card/ BIN Number:

Please fax a copy of the insurance card with this referral. Your patient may have two insurance cards.

MEDICAL HISTORY

Psychiatric Diagnosis:

Medical History:

Current Medications:

Previous Medication Trials:

Additional medical reports and supporting documents are included with this from [ ] Yes [ ] No

REFERRING HEALTHCARE PROVIDER INFORMATION

Name: Phone Number:

Practice: Email: Fax:

ELEVATE HEALTH