

The long-term relationship patients have with their referring provider is vital to seeing lasting results after ketamine treatment. We ask that primary care physicians work collaboratively with our medical team to ensure that patients respond appropriately after an infusion and that current care is maintained while guests are visiting our ketamine therapy clinic. At times medications prescribed by the primary provider will interfere with the antidepressant actions of Ketamine, we will consult with the referring provider to safely wean patients from said medications. Contact Sunrise Ketamine Clinic today to refer a patient for infusion therapy, or to learn more about how this treatment process can help patients with their chronic disorders.

Clinician Referral Form

To the Medical St	aff at Sunrise Ket	amine Clinic:		
I am currently tre	eating			
Patient				
First Name *				Last Name *
MM/	DD/	YYYY	ı	FOR:*
Date of Birth*				☐ Major Depression ☐ Bipolar Disorder ☐ PTSD☐ Other
			If	other please list:
			_	
			_	
I am concerned a including:	bout the severity	of this patient's symp	otoms, and	d/or the patient has suboptimal responses to multiple treatments
Treatment(s)*				
I am referring the management of t		ultation and evaluatio	on for IV Ke	etamine Infusion Therapy as an adjunctive treatment in the
	at I may review in uss the treatment		therapeut	ic option at sunriseketamineclinic.info and/or contact you at 208-
Clinician Signature*				Clinician Name*
				Phone *
Street Address*				Fax *
City*				State*
Email*				Postal/Zip Code*

NOTE: Ketamine infusion therapy is only one part of your patient's comprehensive treatment. We require patient's to maintain continuity with their referring provider following the completion of their Ketamine treatment.