**REFERRAL FOR KETAMINE ASSISTED PSYCHOTHERAPY**

I am referring my patient to Harford Psychedelic Therapy Inc. for ketamine assisted psychotherapy.

I certify the following:

● I am a mental health professional licensed in the State of Maryland.

● I have an ongoing therapeutic relationship with the client who I am

referring and I plan to continue that relationship.

● I believe that my client will benefit from ketamine assisted

psychotherapy, and that they do not have mental health conditions

that would contraindicate such therapy.

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Name of patient Date of Birth

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Therapist Name and Title License #

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Therapist Signature Date