Ontario Ketamine & Infusion Centre

Ontario Ketamine and Infusion Centre
1000 Middlegate Road, Suite 105
Mississauga, ON L4Y 1M3
Tel: (905) 848 - 0202
Fax: (905) 273 - 9800
contact@ontarioketaminecentre.ca
www.ontarioketaminecentre.ca

Patient Information

Last Name: ____________________ First Name: ____________________ DOB : ____________________
Home Phone: ____________________ Cell Phone: ____________________ Work Phone: ____________________
OHIP: ____________________ WSIB: ____________________ Sex: ☐ M ☐ F ☐ Other

Physician Information

Last Name: ____________________ First Name: ____________________ Sign : ____________________
Billing Number: ____________________ CPSO Number: ____________________

Reason for Referral

Ketamine for Mood & Psychiatric Indication

☐ Intervenous ☐ Internasal (Esketamine) Weight: __________ Height: __________

Condition for Treatment

☐ Depression → *Refractory ☐ Moderate/Severe ☐* ☐ PTSD ☐ EtOH Abuse ☐ Other: __________

Past & Current Treatments

☐ SSRI/SNRI ☐ TCA ☐ MAOI ☐ NaSSA ☐ TCS ☐ ECT ☐ CBT ☐ Other: __________

Followed By: ☐ Psychiatry ☐ GP ☐ None ***On SSRI/SNRI:*** ☐ Yes ☐ No

Does the patient have any of the following in their medical history?

☐ CAD/CVA ☐ Aneurysm/AVM ☐ Psychosis/Schizophrenia ☐ Substance Abuse ☐ Pregnant
☐ VP Shunt ☐ Intercranial Bleed ☐ Poorly Controlled HTN

Please attach if available: CXR, ECG, Medical History, Bloodwork, Echocardiogram, Medication List

Fax to (905) 273 – 9800

NOTE - Referrals can be made online at https://restore.inputhealth.com/referral