

**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

**Ketamine for Chronic Pain**

Intervenous Weight: \_\_\_\_\_ Height: \_\_\_\_\_

**Condition for Treatment**

Neuropathic  Cancer  RSPD  Fibromyalgia  Refractory  Other: \_\_\_\_\_

**Intervenous Iron**

Monoferic  Venofer Indication: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Last Hg: \_\_\_\_\_

**Additional Information and History**

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>