



Clinician Referral Form

Dear Dr. Legarda,

I am currently treating \_\_\_\_\_ for major depression / bipolar disorder / \_\_\_\_\_.

Because I am concerned about the severity of this patient's symptoms and/or have seen suboptimal response to multiple treatments, including

---

---

---

---

---

this patient and I would like to initiate ketamine infusion therapy as an adjunct to the management of this illness.

I acknowledge that I may review information about this therapeutic option at [www.bostonmindcare.com](http://www.bostonmindcare.com) and/or contact you at (781) 538-6555 to discuss the treatment protocol.

I will follow up with this patient during and after the completion of the treatment course at Boston MindCare or refer him or her to a licensed mental health provider for follow-up.

Clinician signature: \_\_\_\_\_

Printed name / stamp: \_\_\_\_\_

\_\_\_\_\_  
Contact information:

---

---