



Clinician Referral Form

Dear Dr. Yee,

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 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: _____