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Esketamine (Spravato) Referral Form

Esketamine (Spravato) is an FDA-approved nasal spray which works rapidly to relieve symptoms of depression in patients who have not responded to two or more antidepressant medications.

Please forward (1) this signed form, (2) your intake note, and (3) your last progress note to either Fax: 860-590-3921 or our secure Email: info@polarispsychiatry.com. We cannot obtain insurance approval without all three documents. We will manage all patient and insurance contact directly.

Patient's Name: _____ DOB: _____ Phone: _____
Insurer _____ ID # _____ Group # _____ Provider Phone: _____

*The patient has failed at least two antidepressant medications, and is **currently** taking one, as follows:*

Medication	Maximum Dosage	Start Date	Stop Date
			[CURRENT ANTIDEP.]

Please provide the following contact information if applicable (required for certain insurers):

	Name	Start/End Dates/Frequency	Phone Number
Prescriber:			
Current or past therapist:			

To the best of my knowledge at the time of this referral, the patient has no known history of the following: psychosis, active substance use disorder, aneurysmal vascular disease, arteriovenous malformation, intracerebral hemorrhage, hepatic impairment, hypersensitivity to ketamine or esketamine.

I understand that Polaris Psychiatry exclusively provides esketamine services, and **not** ongoing psychiatric care, medication management, or medication refills. Further, while patients will be screened for safety concerns, suicidal ideation and other issues that may arise **must** be managed by their referring physician.

Prescriber Signature

Prescriber Printed Name

Date

Time