

Serenity Wellness LLC
Spravato Referral Form
300 Plaza Middlesex
Middletown, CT 06457
860-975-7455

Patient Name:	Home Address:
DOB:	Cell Number:
RXBin:	Insurance Carrier:
RXID:	Member ID:
RXGrp:	Group ID:

Current Therapist with contact information:	
Current Prescriber with contact information:	

All Current and Past Medication Trials (Continue below if necessary)

Current Diagnosis and Symptoms (Please list up to 5 and include suicidal ideation if present or not):

List dates and pertinent details of past hospitalizations or IOP attendance:

ECT OR TMS Hx? Please include dates of treatment and response:

Have you had Ketamine infusions or Spravato/Eskatmine treatment? Please include names of providers, dates, response, and any adverse effects:

Drug/Alcohol Abuse history? Current use, please list even if socially. Cannabis use?

Y/N	Does the patient have a history of aneurysmal vascular disease or a brain bleed?
Y/N	Has the patient experienced allergic reactions to ketamine or Eskatamine?
Y/N	Is the patient pregnant or planning on pregnancy?
Y/N	Does the patient have a history of heart attack, stroke, hypertension, irregular heart beat, liver problems, seizures, heart failure or any cardiac issues?

Y/N	Has the patient had psychosis?
Y/N	Are you currently using cannabis?
Y/N	A requirement for treatment with Spravato is a baseline urine drug screening ordered to Quest. Do you agree to obtain a urine drug screening and understand we will not proceed with treatment without the drug screen results on file?

Please email completed form to info@serenityw.com or fax to 833-333-1452 along with the front and back of your insurance cards including your prescription coverage card if separate from primary coverage. **Prescription coverage information is required to proceed with scheduling a consultation.** After receiving the form some one from our office will reach out to you by phone. We screen all prospective patients by phone.

There will be a 45 minute telehealth consult scheduled with one of our APRNs and from there the Spravato will be ordered. After the order is placed, and delivery to our office is confirmed then the administration appointments will be scheduled.

On the Day of Administration the patient is monitored for TWO HOURS. You have to stay in the office for two hours. You will also not be allowed to drive yourself home. You will have to confirm your mode of transportation home PRIOR to receiving Spravato.

I have read and understand the above information regarding Spravato. I agreed to abide by the policies of Serenity Wellness and understand I will not receive treatment should I not comply with the above stated information.

Patient Name: _____

Patient Signature: _____

Date: _____