



# NORTHWEST

Ketamine Clinics

NWketamineclinics.com

425-214-1495

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## Provider Referral

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_

Provider Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I am currently treating this patient for:

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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.nwketamineclinics.com](http://www.nwketamineclinics.com) and [www.ketamineadvocacynetwork.org](http://www.ketamineadvocacynetwork.org) and that I may contact Northwest Ketamine Clinics to discuss the treatment at the phone number listed above.

I will follow up with this patient after the completion of the treatment course at Northwest Ketamine Clinics or will refer him or her to a licensed medical professional for follow-up.

\_\_\_\_\_  
Referring Provider Signature

\_\_\_\_\_  
Date

*Thank you for your referral!*

Send form to: [info@nwketamineclinics.com](mailto:info@nwketamineclinics.com) or Fax: 425-256-3250

Mail: 3805 108<sup>th</sup> Ave NE, Suite 120, Bellevue, WA 98004