

**Psychiatry Interventions Referral Form**  
**Electroconvulsive Therapy (ECT), Ketamine, and Esketamine**  
*Please complete and fax to 617-983-4688*

**Patient Information:**

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Insurance</b>	
<b>Policy Number</b>	

**Reason for Referral (please indicate duration and severity of symptoms of major depressive disorder):**

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**Past Psychiatric History:**

<b>Diagnosis/es (including personality disorders)</b>	
<b>Hospitalizations</b>	
<b>Suicide attempts</b>	
<b>Self-harm behaviors</b>	
<b>History of trauma</b>	
<b>History of psychosis</b>	

**Current treaters:**

<b>Role</b>	<b>Name</b>	<b>Phone</b>
<b>Prescriber <u>*Note: active psychiatrist required*</u></b>		
<b>Therapist</b>		
<b>Other</b>		

**Medication History:**

**Antidepressant trials**

**MUST INCLUDE Dose and Duration of treatment, inclusive of augmenting agents, as well as history of previous trials of ketamine and esketamine:**

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**Which combinations of medications have been tried during this episode of depression?**

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**ECT/TMS history:**

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**All Current Medications:**

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**Substance Use:**

Is the patient currently using substances?  Yes  No

Has the patient demonstrated disordered substance use in the past 6 months?

Yes  No

History of substance use disorder (if yes, please provide further details related to type of substance, duration of use, sobriety status):

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**Past Medical History:**

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**In addition, please indicate if the patient has a history of the following**

Yes  No **Hypertension**

Yes  No **Liver dysfunction**

Yes  No **Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial and peripheral arterial vessels)**

Yes  No **Seizure disorder**

Yes  No **Head trauma**

Yes  No **Stroke or intracerebral hemorrhage**

Yes  No **Arteriovenous malformation**

Yes  No **Pulmonary disease**

Yes  No **Porphyria**

Yes  No **Thyroid disease**

Yes  No **Cardiac disease**

Yes  No **Glaucoma**

Yes  No **Pregnancy**

**Is there a preference between ECT/ketamine/esketamine (and if so, which)?:**

ECT  Ketamine  Esketamine

**If considering ketamine, is the patient aware that the ketamine intravenous infusion may not be covered by insurance?**  Yes  No

**Ketamine and Esketamine Referrals ONLY: Is the patient aware that they may not drive home after the treatment and must have a responsible adult transport them or use a livery service (taxi, Uber, Lyft or The Ride, etc.)?**  Yes  No

**ECT Referrals ONLY: Is the patient aware that they may not drive home after the treatment and must have a responsible adult to transport them home? Patients may not use a livery service (taxi, Uber, Lyft or The Ride, etc.) following ECT.**  Yes  No