

Psychiatry Interventions Referral Form

Electroconvulsive Therapy (ECT), Ketamine, and Esketamine
Please complete and fax to 617-983-4688

Patient Information

Name	
Date of Birth	
Address	
Phone Number	
Insurance	
Policy Number	

Referral Source

Name	
Phone Number	
Relation to Patient	

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

Past Psychiatric History

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

History of psychosis	
History of mania/hypomania (NOTE: not eligible for Esketamine if positive)	

Current treaters

Role	Name	Phone
Prescriber		
Therapist		
Other		

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):

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

ECT/TMS history:

All Current Medications

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):

Past Medical History

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

Yes No **Hypertension**

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

Yes No **Arteriovenous malformation**

Yes No **Thyroid disease**

Yes No **Glaucoma**

Yes No **Liver dysfunction**

Yes No **Seizure disorder**

Yes No **Head trauma**

Yes No **Stroke or intracerebral hemorrhage**

Yes No **Pulmonary disease**

Yes No **Porphyria**

Yes No **Cardiac disease**

Yes No **Pregnancy**

Yes No **Metal in head/neck area**

Yes No **Implanted devices (example:
pacemaker)**

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 or 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