PSYNERGY CENTRE
HEALTH & WELLNESS

#2-378 1st ST SE, Medicine Hat, AB, T1A 0A6
Office: 403-527-5911 Fax: 1-888-453-8200 Referral Practitioner ID # 9756-07208

REFERRAL FOR KETAMINE TREATMENT

Patient Details

Last name:_____ First Name: _____
Date of Birth:_____ Sex:_____ Gender/Pronouns:_____
Address:_____
City:_____ Province:_____Postal:_____
Preferred contact number: Cell:_____Other:_____
Alberta Health Care # _____Other insurance:_____
Email Address:_____

Consultation referral

Ketamine For Pain_____ Ketamine for Psychiatric _____ Psychedelic Consult by SAP_____
Has the client had ketamine treatment before? YES or NO ROA: IN SL IM IV
Reason for referral:_____
_____
_____
Current Diagnosis: _____
General Practitioner: _____
Psychiatrist: _____
Pain Specialist:_____
Counselor/Therapist:_____
Other Pertinent Specialists currently involved in care:_____
Potential for misuse of sublingual if left in the care of the client? YES NO CAUTION

Referring Physician Details

First and Last Name:_____
Address:_____
City:_____Province:_____Postal:_____
Ph:_____
Fax:_____
Email:_____
PracID #_____

Referring Physician's Signature:_____
Date

Once complete, please fax this form to 888-453-8200

NOTE: *Once ALL documentation is received and reviewed a consultation appointment will be scheduled.*
Please be advised that Psynergy Centre is a private clinic and the patient has been informed that there is a $500 administration cost for lifetime management of prescription_____ ***(initial).***
If a patient has received previous Ketamine treatment, please attach info regarding dose, route of administration and schedule.

Updated: Jan 17, 2025