KETAMINE
CLINIC OF HAWAII

500 Ala Moana Blvd Unit #4-470
Honolulu, Hawaii 96813
Phone: 808-945-5433

DEPRESSION
CHRONIC PAIN
STRESS DISORDERS

CONFIDENTIAL PATIENT REFERRAL FORM

Patients name _____ Patients Birth Date _____ _____ _____

Why are you referring your patient for Ketamine Infusion Treatment?

Pain Issues

- Chronic Pain
- Migraine
- Fibromyalgia

Mental Health Issues*

- Major Depression
- PTSD
- Anxiety Related
- Addiction

*All mental health patients must have a primary mental health care professional or be evaluated by our psychiatric consultant before treatment.

Brief history (we will evaluate for medical suitability).

Referrer Contact Information

Name _____ Specialty _____

FAX Number _____ Phone Number _____