NW Ketamine Infusion
Living your best life

# Referral Form for Ketamine and/or Nitrous Oxide Treatment

**Please indicate the treatment(s) that the client may receive:**

Ketamine Infusion Therapy: ☐

Nitrous Oxide Therapy: ☐

Patient Name: _____

Patient DOB: _____

Referral Diagnosis and ICD10: _____

Current medications related to diagnosis:

_____

_____

Any previous medications or treatments attempted:

_____

_____

NW Ketamine Infusion provides treatment on a referral basis only. As anesthesia providers our expertise is limited to the use of ketamine or nitrous oxide to augment the patient's current treatment regimen. We do not provide mental health services or advice outside the limited scope of these treatments. The dosing, duration and frequency of treatment is determined by current evidence-based practice, with safety always being the top priority.

Referring Provider Name: Heleen Woest, LPC

Referring Provider Signature: _____

Contact phone and/or email for care coordination: 503-395-5522 / heleen@lifesolutions.io

Please contact NW Ketamine Infusion at any time with questions or concerns. Your referral is greatly appreciated.

**NW KETAMINE INFUSION || 8101 SW Nyberg St. Suite 106, Tualatin, OR 97062 || P: 503-427-0356**
**F: 503-907-9255 || info@nwketamineinfusion.com**