
REFERRAL FOR KETAMINE TREATMENT

PORTLAND+
SEATTLE
KETAMINE
CLINICS

P-503-207-4992

F-503-961-8959

EMail -
info@PortlandKetamineClinic.com

1135 SE Salmon St.

Suite 103

Portland, OR 97214

Patient Name: _____

DOB : _____

Ph # : _____

Today's Date : _____

Reason for Referral: _____

Current / Prev. Diagnosis : _____

Time in Treatment: _____

Current Medications: _____

Previous Failed treatments / meds: _____

Notes: _____

Referring Psychiatrists Name (please print) : _____

Psychiatrists signature : X _____

Phone # : _____

-Please attach your office notes for the patients last visit.

Thank you for your referral of this patient. We look forward to collaborating with you to improve their health and mental well being.

Best regards,

Dr. Enrique Abreu

Medical Director Portland & Seattle Ketamine Clinics