

Referral for Ketamine Session(s)

Referral to Emergent Therapeutics, PLLC
Shawn MacLeod MD, Hillary Arnold-MacLeod, DO

Patient / Client Information

Client Legal Name *	<input type="text"/>
Date of Birth *	<input type="text"/>
Phone number	<input type="text"/>
e-mail address *	<input type="text"/>
Mailing Address	<input type="text"/>
Diagnosis *	<input type="text"/>

Referring Provider

Name	<input type="text"/>
Best contact method (will be kept confidential)	<input type="checkbox"/> Phone <input type="checkbox"/> e-mail
Phone number *	<input type="text"/>
e-mail *	<input type="text"/>
May we contact you to collaborate on your client's preparation and integration process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your understanding of client's goal for ketamine work?	<input type="text"/>
How can we best support that goal?	<input type="text"/>

Referring Provider Signature

Date *	<input type="text"/>
--------	----------------------

We would be more than happy to discuss our center and our processes with you at any time. Once we have a signed ROI from your client, we are also happy to discuss their care within the bounds of their permission. Please feel free to email us at info@emergenttherapeutics.com for general coordination. Call or text us at (360)648-9841. HIPPA secure fax line: (470)221-1333