

PRESTON HOLLOW PSYCHIATRY GROUP

Spravato New Patient Inquiry and Referral

Date of Referral: _____

Patient Name: _____ DOB: _____

Phone Number: _____ Referred By: _____

Past Trials of **Antidepressants** (name, dose, and length of trial):

Please send copy of patient's insurance card or complete the following information:

Insurance Carrier: _____ Insurance Type (circle one): PPO / HMO

Member ID: _____ Group ID: _____

Insurance Phone Number: _____

Diagnosis:

Major depressive disorder, recurrent or single episode, severe with failure of at least two or more adequate trials of antidepressants (treatment resistant).

Contraindications:

- Aneurysmal vascular disease (including thoracic and abdominal aorta, intracranial and peripheral arterial vessels) or arteriovenous malformation
- History of intracerebral hemorrhage
- Hypersensitivity to esketamine, ketamine, or any of the excipients

Treatment Protocol:

- First 4 weeks – 2 treatments per week.
- Second 4 weeks – weekly treatments.
- After first 8 weeks, we will discuss individualized treatment plan to maintain progress made with the treatment.

Each treatment lasts 2 hours. Following the treatment, the patient is not able to drive and must be picked up by a friend, family member, or ride share service.

Please Note:

Each patient will require a prior authorization for the approval of Spravato. The process of insurance approval for both medication and observation typically takes between 4-6 weeks depending on the patient's specific insurance plan. Unless the patient is able to pay out-of-pocket for initial treatments, the patient will need to wait until insurance has approved in order to begin Spravato.

We prefer to review the primary psychiatric provider's records prior to consultation.

Please fax form to: (469) 484-4265
Please call (469) 484-4260 and ask for Quindrea for help with any questions.