



**MICHIGAN MEDICINE**  
UNIVERSITY OF MICHIGAN

## Department of Psychiatry Clinical Intake Form IV Ketamine or Spravato (esketamine)

**Send referral to: [UMKetamine@med.umich.edu](mailto:UMKetamine@med.umich.edu)  
or Fax to: (734) 232-9426**

Both ketamine and esketamine (Spravato) are meant primarily for the treatment of Refractory Depression. **Patients must have had at least 2 antidepressants in the past year, and preferably a history of 4 failed trials at adequate dose and duration, including failure of augmentation medications, to establish that they are "treatment-refractory."** Contraindications include: unstable medical conditions including hypertension, angina, severe respiratory illness, glaucoma, schizophrenia, psychosis, or anything that would be considered a risk for outpatient procedures. Chronic use of high doses of benzodiazepines may also impact the response to ketamine.

Today's Date: \_\_\_\_\_

PATIENT, REFERRING, AND ROUTING INFORMATION				
PATIENT DEMOGRAPHICS				
Name	DOB	Age	Sex	Preferred Phone Number
Address	City		State	Zip Code
Primary Insurance	Subscriber Name	Subscriber DOB	UM MRN # (if known)	
E-mail Address				
REFERRING CLINICIAN (MUST be a prescriber)				
Name		Practice/Clinic		
Address	City		State	Zip Code
Preferred Phone Number	Fax Number	E-mail (if OK to use to communicate about referral)		
PATIENT HISTORY				
Reason for Ketamine referral/brief Summary				
Major Depression, Treatment Refractory (circle one):		Y    N	PHQ9 Score (if known):	
Psychiatric Diagnoses:		Currently Active Medical Conditions/Comorbidities:		

CURRENT Meds as of _____(date) and duration of each med treatment:	History of Medications Used for Depression in the PAST YEAR:
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	Med Name	Max Dose Used	Duration	Response	Reason Discontinued?

Additional medications trialed (including doses if known) for depression:

History of Psychotherapy?	Current Psychotherapy?	Psychotherapy Dates?
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Previous treatment history: Please provide a summary of previous Ketamine (including dose if known), TMS, or ECT treatments, if applicable. Please include dates and number of treatments, response, and/or complications.

Substance Abuse Disorder History/Treatment

History of Psychiatric Admissions, Suicide Attempts, Psychotic Episodes

Contributing Psychosocial Issues or Axis 2 Comorbidities

Additional Information