



## Clinician Referral Form

Dear Dr. Pellegrino

I am currently treating \_\_\_\_\_ for Major Depression/Bipolar Disorder/CRPS/Chronic Pain/Postpartum Depression/PTSD/Anxiety or other medical psychiatric diagnosis \_\_\_\_\_.

Because I am concerned about the severity of this patient's symptoms and/or have seen suboptimal response to multiple treatments, including:

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This patient and I would like to initiate Ketamine Infusion therapy as an adjunct to the management of this illness.

I acknowledge that I may review information about this therapeutic option at [www.ThriveIV.net](http://www.ThriveIV.net) and/or contact you to discuss the treatment protocol and I will notify you of any changes in medication, condition or concerns.

I will follow up with this patient during and after the completion of the treatment course and/or refer him/her to a licensed mental health provider for follow-up.

Clinician \_\_\_\_\_ Position/Profession \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Information \_\_\_\_\_

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