INTERPERSONAL
ADVANCED TREATMENT
(785) 551-1975
info@midwestketamine.com

INTERPERSONAL ADVANCED TREATMENT
MIDWEST KETAMINE & DEPRESSION TREATMENT CENTER

Acknowledgement of Ongoing Care Form

Patient Name:			
Diagnosis/Diagnoses:			
Provider's Specialty:			
Provider's Phone Number:			
Provider's Fax Number:			
Provider's Email Address:			
Are you aware of any history of psychosis in this patient?*			
Additional comments:			
Signature of Provider:		Date:	

You may review information about ketamine therapy at our practice website: www.midwestketamine.com Our physicians welcome any questions you have.

*Psychosis and mania are contraindications to ketamine treatment