HUMBOLDT COUNTY MEMORIAL HOSPITAL
MENTAL HEALTH & WELLNESS CENTER

Spravato® (Esketamine) Treatment Referral Form

Phone: 515-332-7672 | Fax: 515-332-7572 | 1000 15th St. N. Humboldt, IA 50548

Patient Information

Name: _____

Date of Birth: _____ Age: _____

Phone Number: _____

Allergies: _____

Referring Provider Information

Name & Credentials:

_____

Clinic Name:

_____

Phone: _____ Fax: _____

Provider Signature: _____

Date: _____

Diagnosis & Clinical History

Diagnosis (ICD-10):

☐ Major depressive disorder, single episode (F32._)

☐ Major depressive disorder, recurrent (F33._)

☐ Other:

_____

Is depression treatment-resistant? ☐ Yes ☐ No

Duration of depressive symptoms:

_____

Current symptoms:

_____

_____

Suicidal ideation present? ☐ Yes ☐ No

History of suicide attempt? ☐ Yes ☐ No

Medication History

Has the patient failed 3 or more oral antidepressants?

☐ Yes ☐ No

List of failed antidepressants, doses, and trial dates:

1. _____

2. _____

3. _____

Has the patient tried at least one augmentation strategy?

☐ Yes ☐ No

(e.g., mood stabilizer, antipsychotic, psychotherapy)

Current Medications:

_____

_____

Exclusion Criteria Review

Please confirm the following have been assessed:

☐ No active substance abuse (including alcohol/marijuana)

☐ No uncontrolled hypertension

☐ No high-risk medical conditions (e.g., AV malformation, aneurysm, intracranial hemorrhage)

Supporting Documentation (Please Attach):

☐ Last 2–3 psychiatric visit notes

☐ Medication history, including failed trials

☐ Current medication list

Other Notes:

Does the patient have any special needs or accommodations?

_____

_____