

Client Info Sheet- Ketamine- Assisted Psychotherapy Referral to Med Team

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Legal first name

Last name

Preferred name

Pronouns

Email address

Phone number Please use the format 555-555-5555

Client date of birth

State

Are you under the care of a general psychiatrist or psychiatric NP?

Yes

No

Unknown

Client Details

Please provide a brief description of your history of present illness (HPI).

Please provide a summary of your relevant psychiatric and treatment history.

Do you have a history of suicidal ideation?

Have you attempted suicide in the past?

On a scale of 0 to 10, please estimate your overall level of functional impairment (attributable to mental illness). 0 being no functional impairment, 10 being completely disabled.

On a scale of 0 to 5, please provide an estimate of your likelihood of adhering to the treatment recommendations specified by your Journey Clinical prescriber. 0 being low likelihood, 5 being high likelihood of adherence to protocols.

Please share anything else you feel is important for the Journey clinician to know about your client, including any modalities you plan on working with.

How would you like Journey Clinical to support you?

