MASSACHUSETTS GENERAL HOSPITAL | HARVARD MEDICAL SCHOOL

Cristina Cusin, M.D.
Associate Professor, Harvard Medical School
Staff Psychiatrist
Depression Clinical and Research Program
Massachusetts General Hospital

Consultation Request/Referral Form for Ketamine Clinic

Please complete this form and email or fax with any questions to:
Email: mghketamineclinic@mgh.harvard.edu
Fax: 617-643-9048
Phone: 617-724-5510

Patient Name: _____

Patient Date of Birth: _____

Patient Phone Number: _____

Patient Email Address: _____

MGH Medical Record Number: _____
(Please ensure the patient being referred has an updated Medical Record Number at MGH. This can be done by calling the Patient Service Center at 866-211-6588)

Referring Psychiatrist/Provider: _____

Other Providers Involved in Longitudinal Care:

_____

Psychiatric Diagnoses: _____

Has the patient ever experienced psychotic symptoms? Y/N If Y, please provide more information:

_____

Current Medications and Doses (Including All Supplements): _____

_____

Past Medication Trials (Please add doses and duration, if known): _____

_____

Psychiatric History

Age of depression onset: _____

Length of current illness: _____

Hospitalizations: _____

Suicide History: _____

Self-Harm: _____

Medical History

Allergies: _____

Medical: _____

Surgical: _____

Anesthetic History: _____

Imaging Studies: _____

Substance History

Alcohol: _____

Drugs: _____

Caffeine: _____

Tobacco: _____

Rehab/Detox: _____

Social History

Birth: _____

Education: _____

Marital Status: _____

Children: _____

Living Situation: _____

Employment: _____

Family History

Mood Disorders: _____

Alcoholism: _____

Suicides: _____

_____ _____ _____

Clinician Name: Clinician Signature: Date

Clinician Contact Information:

Office name: _____

Phone Number: _____

Fax #: _____

Email Address: _____