

## 1. REFERRING PROVIDER

PROVIDER NAME & CREDENTIALS

TODAY'S DATE

NPI (OPTIONAL)

PRACTICE / CLINIC

BEST PHONE FOR UPDATES

PROVIDER FAX

PROVIDER EMAIL

Will you continue managing this patient's other medications?  Yes  No

## 2. PATIENT INFORMATION

PATIENT NAME

DATE OF BIRTH

PATIENT PHONE

PATIENT EMAIL (OPTIONAL)

OK TO CONTACT DIRECTLY?

Yes  No

## 3. INSURANCE (our team verifies benefits and obtains prior authorization for you)

PRIMARY INSURANCE / PLAN

MEMBER ID

GROUP #

SECONDARY INSURANCE (IF ANY)

## 4. CLINICAL INFORMATION

Primary diagnosis:  MDD, recurrent (F33.\_)  MDD, single (F32.\_)  MDD with suicidal ideation

Referral for:  Spravato evaluation  Possible monotherapy candidate (cannot tolerate or declines a daily oral antidepressant)

Prior antidepressant trials (Spravato eligibility generally requires 2 or more adequate trials)

ANTIDEPRESSANT	DOSE	DURATION	RESPONSE / OUTCOME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CURRENT PSYCHIATRIC MEDICATIONS

RELEVANT MEDICAL HISTORY / CONDITIONS (e.g., uncontrolled hypertension, aneurysmal vascular disease, pregnancy)

CURRENT RISK / SAFETY CONCERNS (active suicidal ideation, recent hospitalization, substance use)

## 5. ATTACHMENTS & AUTHORIZATION

Recent progress note attached  Current med list attached  Patient is aware of this referral

REFERRING PROVIDER SIGNATURE

DATE

**What happens next:** We verify benefits, obtain prior authorization, schedule, administer and monitor per REMS, and send progress updates back to you.

CONFIDENTIALITY NOTICE: This facsimile may contain protected health information intended solely for Optimum Mental Health Services. If you received this in error, please notify us at (425) 233-0431 and destroy all copies. In a crisis, call or text 988 or call 911. OPMHS does not provide emergency services.