MIND REJUVENATION
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SPRAVATO Diagnosis/Referral

Patient: _____ Date: _____

Insurance: _____ DOB: _____ Phone: _____

Diagnosis: _____ **TRD** - Treatment-Resistant Depression

_____ **MDD** - Depressive symptoms in adults with major depressive disorder with acute suicidal ideation or behavior

Current Medications:

_____ _____

_____ _____

_____ _____

Recommendation from Janssen for Spravato			**Recommended Dosing**
TRD	Weeks 1 - 4	Twice weekly	Janssen recommends to start dosing at 56mg and move up to 84mg.
	Weeks 5 - 8	Once weekly	
	Week 9	Once weekly or every 2 weeks	
MDD	Weeks 1 - 4	Twice weekly	

Continued treatment after the recommended sessions requires another referral from the physician.
Patient must return to the office of the referring physician after week 4 for a follow-up. A new referral and new chart notes are required to continue Spravato treatment.

*****PLEASE NOTE*****
Allergy, Asthma and Immunology Center (AAIC)/Mind Rejuvenation will serve as the outpatient treatment clinic ONLY. The referring physician is required to maintain the standard of care for your patient.

Checklist of documents required for Spravato Treatment

X	This form completed and signed	X	Patient Demographics
X	Chart notes from last 3 visits	X	List of tried/failed & current medications

Referring Physician Information:

Physician: _____ Clinic: _____

Address: _____ Phone: _____

_____ Fax: _____

_____ _____

Referring Physician/Therapist PRINTED Name | Referring Physician/Therapist Signature