

Spravato Referral

Southern Psychiatry Associates
3737 Government Boulevard Suite 203
Mobile, AL 36693
251-300-7134
www.southernpsychiatry.net

Send referral to:

Stephanie Meriwether/ Email: referrals@southernpsychiatry.net
Fax: 251-202-7851

Patient Name and Insurance Information:

Name: _____ DOB: _____

Phone: _____ Email: _____

May we leave a voicemail: Y or N

Address: _____ City/Zip: _____

Primary Insurance: _____ SSN: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

Secondary Insurance: _____ SSN: _____

Policy Holder's Name: _____

Policy Number:  Group Number: _____

Referring Physician Information:

Practice Name: _____ Phone Number: _____

Physician Name: _____ Fax: _____

Office Contact: _____

Current Medication/Tried and failed antidepressants: Please indicate which medication they will take orally along with Spravato treatment

Diagnosis for Spravato treatment:

- Treatment Resistant Depression (TRD) in adults
- Depressive Symptoms in Adults with MDD with Acute Suicidal Ideations or Behavior (MDSI)

Please Complete:

Has the patient experienced any of the following:

- History of cardiac problems or concerns? Y or N
 - Frequent admissions due to mental health? Y or N
 - History of suicidal or self-harming behavior? Y or N
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- **Please attach a copy of insurance cards front and back**
 - **Please send last office note with diagnosis including approximate date of diagnosis and medication list**
 - **Please send signed medical release from your office so we can communicate about treatment plan**