

VITALITAS DENVER, PC

26 W. Dry Creek Circle, Suite 200

Littleton, CO 80120

t: 720-724-8075 | f: 720-306-5383

info@ketaminedenver.com



Acknowledgement of Ongoing Care Form

Patient Name:	
Diagnosis/Diagnoses:	
Provider's Specialty:	
Provider's Phone Number:	
Provider's Fax Number:	
Provider's Email Address:	
Are you aware of any history of psychosis in this patient?*	
Are you aware of current mania in this patient?*	
Additional comments:	
Name of Provider (printed):	
Signature of Provider:	Date:

You may review information about ketamine therapy at our practice website: www.ketaminedenver.com. Our physicians welcome any questions you have.

PAIN PATIENTS: We need a referral from your provider recommending ketamine infusion treatment.

*Psychosis and mania are contraindications to ketamine treatment