KETAMINE CLINIC OF MICHIGAN
JAMES C. CULVER, M.D.
5202 Miller Rd. • Flint, MI 48507
Phone: 810-265-7103 • Fax: 810-720-1417
Website: KetamineMichigan.com

NEW PATIENT REFERRAL

Patient's Name: _____

Phone: _____ DOB: _____

Address _____ _____ Zip_____
CITY STATE ZIP CODE

Reason for referral:

- ☐ Depression
- ☐ Bipolar Disordrer
- ☐ Post-traumatic Stress Disorder (PTSD)
- ☐ Suicidal Ideation

Referring **Doctor's Name**: _____

Referring **Doctor's Signature:** _____

Referring **Doctor's Phone** _____

Primary Care Physician's Name : _____
(If not referring Doctor)

Primary Care Doctor's Phone: _____
(If not referring Doctor)

Please fax all pertinent records and /or summary related to treatment of this condition.

Please fax list of all current medications

Note: All of the above information needs to be received by our office prior to scheduling an appointment.