



665 Emory Valley RD B Oak Ridge, TN 37830
Email: info@vividpathtn.com
Phone: 865-217-6080 Fax: 865-381-0408

Patient Name: _____ Date: _____

Patient DOB: _____ Phone Number: _____

Referring Physician: _____ Phone Number: _____

Address: _____

Medical Diagnosis: _____

All Current Medications & Doses: _____

Allergies: _____

Reason for Referral: _____

If known, check conditions that apply:

() Substance use disorder (Note: Substance(s) used: _____)

() History of Treatment Ketamine _____

If available, please attach any documentation you feel may be helpful (i.e., initial H and P, recent progress note)

A completed referral form is required before a patient may complete his/her first consultation visit, If you have any questions regarding Spravato and our clinic, please call 865-217-6080

***Please send completed form by fax: 865-381-0408 or email: info@vividpathtn.com**