SABI Mind Referral Form Information

SABI is pleased to offer ketamine therapy as a new treatment option for individuals who are living with treatment-resistant psychiatric and pain disorders. These conditions may affect a significant portion of your patients.

Ketamine therapy may be appropriate for patients whose trials with conventional medications have failed to produce significant improvements in symptoms and in overall well-being. The strongest evidence for ketamine treatment is for treatment-resistant depression. There is a limited but growing body of evidence demonstrating the efficacy of ketamine therapy in the treatment of post-traumatic stress disorder (PTSD), bipolar disorder type II, generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD) and substance use disorders (SUD).

Ketamine is a glutamate N-methyl-D-aspartate (NMDA) receptor antagonist which has been shown to possess rapid antidepressant, anxiolytic, and analgesic properties, with documented improvements in symptomology within 2 hours and duration of antidepressant effects for up to a week after a single treatment. Further, preliminary evidence suggests that when ketamine intervention is enhanced with supportive psychotherapy, it may produce lasting benefits across a range of mental health disorders.

Key Eligibility Criteria

Inclusion	**Absolute Exclusion**
• Major/persistent depressive disorder (MDD/PDD)	• History of psychosis
• Post-traumatic stress disorder (PTSD/CPTSD)	• Schizophrenic spectrum disorder
• Generalized anxiety disorder (GAD)	• Recent traumatic brain injury (symptomatic)
• Bipolar disorder type II (Depressive Phase)	• High ICP (brain tumor, hydrocephalus)
• Complex regional pain syndrome (CRPS)	• Currently pregnant and/or breastfeeding
• Refractory migraines or cluster headaches	** The following ***relative*** **contraindications** are assessed on a case-by-case basis by the SABI medical team: • Obstructive sleep apnea • Uncontrolled hypertension • Unstable/poorly controlled respiratory, cardiac, renal, or hepatic conditions • Personality disorders • Significant past substance misuse
• Other refractory neuropathic or nociplastic pain conditions (case-by-case)	

In order to assess the eligibility of your patient, we require recent (90 days) labs that include the following investigations:

- CBC, electrolytes, Cr, Ca, Mg, Phos, Albumin, Ferritin, Vitamin B12, TSH, AST, ALT, GGT, Bilirubin Total and Conjugated/Direct
- Urinalysis/Urine toxicology
- Drug levels (ie. Li, VPA) if relevant
- Pregnancy test if relevant
- HbA1c and lipids if on an antipsychotic agent or if otherwise indicated
- ECG if indicated

Our initial patient intake and evaluation may include a physical examination and lab tests, as well as questionnaires to better understand the patient's baseline physical and mental health. This data will be shared with the referring physician upon request and may also be used to inform patient outcome analysis and report(s), SABI treatment program evaluation, and to fill gaps of knowledge regarding therapeutic impact of Ketamine Therapies. All personal information will be kept confidential, and data will be fully anonymized and assessed at the group level if used for SABI program evaluation or other health outcome research.

If you have any questions or concerns, please contact the SABI Mind clinic by phone at (587) 391-9383.

CLINICIAN REFERRAL FORM

☐ SABI Mind Calgary
1615 10TH AVE SW SUITE 202
CALGARY, AB, T3C 0J7
TEL: (587) 391-9383
FAX: (403) 240-2798

Patient Information			Referring Practitioner Information		
First Name*	**Last Name***		**First Name***	**Last Name***	
Address			Clinician Address		
Address 2			Clinician Address 2		
City	Prov	Postal Code	City	Prov	Postal Code
Phone Number*	**E-Mail Address***		**Billing Number***	**Phone Number***	**Fax Number ***
Date of Birth (DD/MM/YYYY) *	**Personal Health Number (PHN) ***		**Email Address**		
☐ Male ☐ Female	☐ Non-Binary ☐ Prefers to Self Describe _____		☐ GP	☐ NP	☐ Psychiatrist	☐ Allied Health Professional (Chronic Pain Only)
Referral To:	☐ Ketamine - Mental Health	☐ Ketamine - Chronic Pain	☐ SABI Somatics Manual Therapy		

Mental Health Information (If Applicable)

Primary Diagnosis?

☐ Major Depressive Disorder ☐ Bipolar Disorder Type II ☐ PTSD/CPTSD ☐ Generalized Anxiety Disorder

☐ Other:_____

Secondary Diagnosis?

☐ Major Depressive Disorder	☐ Bipolar Disorder	☐ PTSD/CPTSD	☐ Generalized Anxiety Disorder	☐ ADHD
☐ Borderline Personality Disorder	☐ Obsessive-Compulsive Disorder	☐ Social Anxiety Disorder	☐ Other: _____	

Please describe the reason for referral (current symptomology)	Pertinent Medical History

Mental Health Information Cont'd

Please list medications patient is actively taking and/or attach medication list

☐ Attached

Please list medications patient has previously trialed and/or attach trialed medications list

☐ Attached

Please list allergies and drugs not tolerated and/or attach allergy list

☐ Attached

90 Day Lab Work? (*Required) **Recent Vital Signs:**	☐ Yes (Attached) ☐ Pending (Ordered) Blood Pressure _____ HR _____ SpO2 _____ Temp _____

Has your patient ever had electroconvulsive therapy (ECT)?

☐ Yes ☐ No

Has your patient ever had transcranial magnetic stimulation (rTMS)?

☐ Yes ☐ No

Is the patient currently under the care of a psychiatrist?

☐ Yes ☐ No

Chronic Pain Information (If Applicable)

Chronic Pain Indication

☐ Complex Regional Pain Syndrome ☐ Headaches/Migraines ☐ Back Pain ☐ Neck Pain ☐ Shoulder Pain
☐ Fibromyalgia/Widespread Pain ☐ Neuropathic Pain ☐ Other:_____

SABI Manual Therapy Indication

Initial Date of Injury (symptom onset):

Mechanism of Injury:

Diagnosis:

☐ Right Shoulder ☐ Left Shoulder ☐ Right Elbow ☐ Left Elbow ☐ Right Wrist ☐ Left Wrist
☐ Right Knee ☐ Left Knee ☐ Right Hip ☐ Left Hip ☐ Right Ankle ☐ Left Ankle
☐ Neck ☐ Upper Back ☐ Lower Back ☐ Other: _____

Previous Imaging:

☐ X-ray ☐ MRI ☐ Ultrasound ☐ Bone Scan ☐ CT Scan

Chronic Pain Information Cont'd	
Previous Medical Hx	Previous Treatments
Please list medications patient is CURRENTLY taking and/or attach medication list	
☐ Attached	
Recent Lab Work? (*Required) **Recent Vital Signs:**	☐ Yes (Attached) ☐ Pending (Ordered) Blood Pressure _____ HR_____ SpO2_____ Temp_____

Other Patient Information	
Has your patient previously received ketamine therapy?	
☐ Yes ☐ No	Comment: _____
Does your patient have current/past history of ETOH or substance use disorder (prescription/illicit)?	
☐ Yes ☐ No	Comment: _____
Does your patient currently work with any Allied Health Professionals? (i.e., psychologist, physiotherapist, etc.,)	
☐ Yes ☐ No	Comment: _____

IF AVAILABLE, PLEASE ATTACH: MEDICATION LIST – CLINICAL SUMMARY – TREATMENT CENTRE SUMMARY – PERTINENT LABS

I confirm that I am the patient's MRP and will be involved in this patient's care, providing ongoing medical care leading up to and continuing after the patient receives treatment at SABI Mind. SABI Mind will monitor the patient's psychiatric state during treatment and will consult with me should it be deemed necessary. I understand that SABI Mind offers a limited scope of interventional medical services and that SABI Mind physicians are not able to provide long-term, ongoing psychiatric or pain management care to referred clients.

_____ _____

Signature of Referring Clinician **Date of Referral**