University Neuropsychiatric Institute
Treatment Resistant Mood Disorders Clinic
501 Chipeta Way, Salt Lake City, UT 84108
801.587.3297

Requesting provider: _____ **Clinic address:** _____ _____ **Phone #:** _____ **Fax #:** _____ **Date:** _____	**Referral for** (select all that apply): ☐ **ECT** ☐ **TMS** ☐ **Ketamine** **Patient name:**_____ **Sex:** _____ **DOB:** _____ **Telephone #:** _____ **Outpatient support available?** _____

I. Description of patient's current clinical status and rationale for proposed treatment (include target symptoms)

1. Level of depression: ☐ Severe ☐ Moderate ☐ Mild
2. Level of Suicidality: _____
3. Psychotic Symptoms: _____
4. Co-Morbid Substance Abuse: _____
5. Significant Axis II Issues: _____

II. List of significant medical problems: _____

_____

_____

III. Significant lab findings: _____

_____

IV. Current medications: _____

_____

_____

V. List any relative medical concerns: _____

_____

_____

VI. Past treatment history

Please list or attach appropriate documentation for past psychiatric hospitalizations or pharmacotherapy

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

VII. Diagnoses

1: _____

2: _____

3: _____

4: _____

5: _____

VIII. Follow-up Plan:

Provider(s) who will serve as the attending for psychiatric care during and following treatment (include therapist if applicable):

_____

(contact information: address/phone number)

_____

(contact information: address/phone number)

Please Return Completed request to:

ATTN: Lindsey Fax: 801-581-8415 Phone: 801-587-3297