Serenity Health LLC

5000 Cedar Plaza Parkway Ste 350
St. Louis, MO 63128

Spravato® (esketamine) C III
28 mg nasal spray

Patient Referral for Spravato® Treatment

1. PATIENT INFORMATION

First Name: Last Name: Date of Birth:

Address: Phone Number*:

Town/City: State: ZIP Code: Email:

*Can a voicemail be left at this number for an appointment? ☐Y/ ☐N

Primary Insurance: Policy #: Group #:

Policyholder Name: Card/BIN #:

Caregiver's Name: Caregiver's Phone Number:

2. MEDICAL HISTORY

Diagnosis:

Medical/Treatment History: Medications History:

Additional medical reports and supporting documents are included with this form. ☐Y/ ☐N

Patient Signature for ROI (release of information):

3. REFERRING HEALTHCARE PROVIDER INFORMATION

Name: Phone Number:

Practice: Email: Fax Number:

Email completed form to: info@serenitymo.com

Once we receive all the necessary documents, we may take steps to:

- Contact your patient to schedule a consultation to discuss treatment, answer preliminary questions, and collect any additional information needed
- Gather and submit documentation for prior authorization with insurance
- Update you on your patient's treatment response and progress

Your patient may continue to see you for their general psychiatric care. If you feel that your patient would benefit from seeing one of our clinicians for general psychiatric care, please email at the email address above or call 314-590-3721 to schedule an appointment. Our experienced and caring staff look forward to treating your patient!