

## Referral Information

### Overview

- The Advanced Psychiatric Therapeutics clinic offers Transcranial Magnetic Stimulation (TMS) and SPRAVATO® intranasal esketamine treatment.

### Eligibility

- Age  $\geq 18$
- Diagnosis of moderate to severe Major Depressive Disorder, with PHQ-9  $\geq 10$
- Patient is considered treatment-resistant<sup>1</sup>
- Referred by psychiatric care provider who will continue management following interventional treatment course.

### Referral Process

- Please complete Page 2 of this form.
- Please fax Page 2 and demographic/insurance information to **916-551-2797**.
- If clinical and insurance eligibility criteria are met, your patient will be scheduled for an evaluation.
- After the evaluation, a provider will reach out to you to discuss the plan of care.
- If you have questions, please contact our team at 916-703-3300.

### Treatment

- The clinic will manage your patient's course of TMS or SPRAVATO® treatment.
- The clinic does not provide medication management, psychotherapy, or longitudinal psychiatric care.
- Your patient will be instructed to contact you for medication management issues or psychiatric emergencies.
- For questions, please call 916-703-3300.

<sup>1</sup>Treatment-resistant depression (TRD) is defined as inadequate response or intolerance to 2 or more antidepressant medications, from different classes, in the current episode. Some insurance providers require a trial of evidence-based psychotherapy and/or augmentation with lithium, buspirone, or second generation antipsychotics before covering TMS or SPRAVATO® treatment.

## Referral Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_ Provider Email: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_ Provider Fax #: \_\_\_\_\_

**Referral Diagnosis:**

- ☐ F32.1 – Major Depressive Disorder, Single Episode, Moderate
- ☐ F32.2 – Major Depressive Disorder, Single Episode, Severe
- ☐ F33.1 – Major Depressive Disorder, Recurrent, Moderate
- ☐ F33.2 – Major Depressive Disorder, Recurrent, Severe, without psychotic features

PHQ-9: \_\_\_\_\_ Date: \_\_\_\_\_

Other Psychiatric Disorders: \_\_\_\_\_

Medical Diagnoses: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Please provide details of at least two antidepressant medication trials, from different classes, in the current episode. Please be as detailed as possible, including information on effectiveness and tolerability.

Medication	Dose	Dates/Duration	Outcome

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return by fax to 916-551-2797. For questions, call 916-703-3300.*