

Tahoe Ketamine - Wellness & Infusion Center
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TahoeKetamine.com



Acknowledgement of Ongoing Care Form

Your provider may review information about ketamine therapy at our practice website:
tahoeketamine.com. Our physicians welcome any questions your provider may have.
 This form can also be completed by your provider securely online at tahoeketamine.com/aoc.

***Psychosis and mania are contraindications to ketamine treatment.

Patient Name:			
Date of Birth:			
Diagnosis/Diagnoses:			
Provider's Specialty:			
Provider's Phone Number:			
Provider's Fax Number:			
Provider's Email Address:			
Are you aware of any history of psychosis in this patient? ***			
Additional comments:			
Printed Name of Provider			
Signature of Provider:		Date:	