

REFERRAL FOR KETAMINE ASSISTED PSYCHOTHERAPY

I am referring my patient to Robert M. Grant, MD and Jessica Katzman, Psy.D. for ketamine assisted psychotherapy.

I certify the following:

- I am a mental health professional licensed in the State of California.
- I have an ongoing therapeutic relationship with the client who I am referring and I plan to continue that relationship.
- I believe that my client will benefit from ketamine assisted psychotherapy, and that they do not have mental health conditions that would contraindicate such therapy.
- I understand that Dr. Robert Grant is a licensed physician trained in internal medicine, and that Dr. Jessica Katzman is a licensed clinical psychologist.

Name of patient

Date of Birth

Name of therapist and degree

License #

Therapist Signature

Date