

Spravato (esketamine) Referral Form

Fax completed form to (908) 941-2715

Spravato Treatment Centers of New Jersey, part of PremierMD

Questions? Call (908) 450-7002 | www.spravatonj.com

1. PATIENT

First name	Last name	Date of birth
Cell phone	Email	Best time to reach
Insurance carrier	Member ID	Group number

2. INDICATION (CHECK ONE)

- ☐ **Treatment-resistant depression** - inadequate response to at least two oral antidepressants
Includes the depressive episodes of bipolar disorder, treated alongside a mood stabilizer.
- ☐ **Major depressive disorder with acute suicidal ideation or behavior** - with an oral antidepressant
- ICD-10 code(s) Current antidepressant and dose Current mood stabilizer (if bipolar)

3. ANTIDEPRESSANT TRIALS (HELPS US GET THE PRIOR AUTHORIZATION APPROVED)

Medication 1	Dose	Duration	Why stopped
Medication 2	Dose	Duration	Why stopped
Medication 3	Dose	Duration	Why stopped

4. RELEVANT HISTORY (CHECK ANY THAT APPLY)

- | | | |
|---|--|---|
| ☐ Bipolar disorder | ☐ PTSD | ☐ Substance use |
| ☐ High blood pressure / heart disease | ☐ Psychosis | ☐ Pregnant or planning |
| ☐ Aneurysm or brain bleed | ☐ Seizure disorder | ☐ Prior ketamine / esketamine |

5. PREFERRED OFFICE

- ☐ **Bridgewater** ☐ **Morristown** ☐ **Nutley** ☐ **Hoboken** ☐ **Closest to the patient**

6. REFERRING PROVIDER

Name and credentials	NPI	Practice
Phone	Fax	Email
Signature	Date	

WHAT HAPPENS NEXT

1. Fax this form to (908) 941-2715, or call (908) 450-7002.
2. We call your patient, check their insurance, and handle the REMS requirements and the prior authorization.
3. Your patient is evaluated, usually within one business day of referral, and we keep you informed.

Bridgewater

757 US-202, Suite 104
Bridgewater, NJ 08807

Morristown

25 Lindsley Dr, Suite 312
Morristown, NJ 07960

Nutley

88 Park Ave, Suite 1A
Nutley, NJ 07110

Hoboken

80 River St
Hoboken, NJ 07030