

## **Interventional Psychiatry Program Referral**

UT Health San Antonio is excited to offer the following treatment options to help you meet your patients' needs:

Uses

Intervention

<b>Electroconvulsive Therapy (ECT)</b> Treatment Resistant Depression (TRD), Treatment Resistant Ps		ant Psychosis, Catatonia		
Intranasal Ketamine (Spravato™	Treatment Resistant Dep	Treatment Resistant Depression (TRD)		
Transcranial Magnetic Stimulati	on Treatment Resistant Dep	Treatment Resistant Depression (TRD)		
Please circle the intervention abo	<b>ove</b> you are most interested in fo	or your patient and fill out the fo	orm below.	
<ul><li>a. Telephone Numb</li><li>b. Fax Number:</li></ul>	er:			
Patient's Name:      a. Telephone Number:				
	gnoses:			
·	niled > 2 adequate antidepressar	Yes	•	
b. Antidepressants tried and failed during the current major depressive episode:  Name Max Dose Dates tried – start and end dates		nd and dates		
Name	Wide Bosc	A Dose Dates trica Start and end dates		
5. Is the person using alcohol or illicit substances? a. If yes, please explain		Yes	No	
6. Are you concerned the pa	atient is misusing benzodiazepino	es, opiates or other prescribed Yes		
7. If requesting ECT or Sprav	rato™, does the patient have sor	neone who can take them to ar Yes		

Thank you for this referral!! Please fax or email this form back to: (210) 450-2104, or garzaj24@uthscsa.edu

8. If requesting ECT, please have medical records sent if patient not seen at a UT Medicine Clinic.