



MASSACHUSETTS
GENERAL HOSPITAL



HARVARD
MEDICAL SCHOOL

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Cristina Cusin, M.D.
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Consultation for Ketamine Clinic

Please complete this form and email or fax with any questions to:

Fax: 617-724-3028 | Email: AJAHAN@mgh.harvard.edu

Patient Name:

MRN:

Referring Psychiatrist/Provider:

Other Providers Involved in Longitudinal Care:

Psychiatric Diagnoses:

Has the patient ever experienced psychotic symptoms? Y/N If Y, please provide more information:

Current Medications and Doses (Including All Supplements):

Past Medication Trials (Please add doses and duration, if known):

Psychiatric History

Age of depression onset
Length of current illness

Hospitalizations:
Suicide History:
Self Harm:

Medical History

Allergies:
Medical:
Surgical:
Anesthetic adverse reactions?

Imaging Studies:
Neuropsych testing

Substance History

Alcohol:
Drugs:
Rehab/Detox:
Tobacco:

Social History

Birth
Education:
Marital Status:
Children:
Living Situation:
Employment:

Family History

Mood Disorders:
SUD:
Suicides:

Clinician Name

Clinician Signature

Date