Zen Psychiatric Services, PLLC

126 Fiddler's Run Boulevard | Morganton, NC | 28655
Email | zenpsychclinic@gmail.com
Phone | **828-608-0892** Fax | **828-608-0373**

Patient Name:_____ Date:_____

Patient DOB:_____ Phone Number:_____

Address:_____

Referring Physician:_____ Phone Number:_____

Medical Diagnoses:_____

_____

_____

All Current Medications & Doses:_____

_____

Allergies:_____

_____

Reason for Referral:_____

_____

_____

_____

If known, check any conditions that apply :

(___) Substance use disorder (Note: Substance(s) used):_____

(___) History of treatment with ECT, TMS or ketamine _____

(Please describe):

_____

_____

If available, please attach any documentation you feel may be helpful (i.e., initial H and P, recent progress note)

A completed referral form is required before a patient may complete his/her first consultation visit.
If you have any questions regarding ketamine therapy and our clinic, please call **828-608-0892**

Please send completed form by fax: *828-608-0373* or email: *zenpsychclinic@gmail.com