



Satori Integrative Medicine Clinic  
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**SATORI INTEGRATIVE MEDICINE CLINIC – ACKNOWLEDGEMENT OF ONGOING CARE**

Patient Name:	
Date of Birth:	
Diagnosis/Diagnoses:	
Provider's Name:	
Practice Name:	
Provider's Specialty:	
Provider's Phone Number:	
Provider's Fax Number:	
Provider's Email Address:	
Are you aware of any history of psychosis in this patient?	
Are you aware of current mania in this patient?	
Additional comments:	
Signature of Provider:	Date:

Please attach a copy of your most recent clinic note to help us better care for this patient.

You may review information about ketamine therapy at our practice website: <https://satoriclinic.com>. Our physicians welcome any questions you have.

\*Psychosis and mania are potential contraindications to ketamine treatment.