PointKetamine
Regaining Your Life Starts Here.

Spravato™ (esketamine) CII
nasal spray

1. Patient Information

Name (First, MI, Last) _____ Sex ☐ M ☐ F

Date of Birth (mm/dd/yyyy) _____ Preferred Language: ☐ English ☐ Spanish ☐ Other _____

Address _____

City _____ State _____ ZIP _____

Patient Phone _____

Email _____

Contact _____

Relationship to Patient _____ Contact Phone _____

Email _____

☐ I authorize PointKetamine to leave a message, including the name of the medication indicated on this form, if I am unavailable when they call.

☐ If I cannot be reached, I authorize PointKetamine to contact my contact.

☐ I prefer and authorize PointKetamine to contact my contact in place of me.

2. Insurance Information (Required)

Please provide insurance information for all health insurance coverage your patient may have.

☐ Please see attached insurance card(s).

Primary Medical Insurance

Primary Insurance Carrier _____ Phone _____

Cardholder Name (First, MI, Last) _____ Policy # _____ Group # _____

Secondary Medical Insurance

Secondary Insurance Carrier _____ Phone _____

Cardholder Name (First, MI, Last) _____ Policy # _____ Group # _____

Prescription Drug Insurance

Prescription Drug Insurer _____ Card BIN # _____ Phone _____

Cardholder Name (First, MI, Last) _____ Policy # _____ Group # _____

PointKetamine
Regaining Your Life Starts Here.

Spravato™ (esketamine) C III
nasal spray

3. Treatment History: Select therapies previously prescribed within the current depressive episode.

☐ Celexa® (citalopram)
☐ Lexapro® (escitalopram)
☐ Paxil® (paroxetine)
☐ Pexeva® (paroxetine mesylate)
☐ Prozac® (fluoxetine)
☐ Zoloft® (sertraline)
☐ Cymbalta® (duloxetine)
☐ Effexor® (venlafaxine)
☐ Effexor XR® (venlafaxine XR)

☐ Fetzima® (levomilnacipran)
☐ Khedezla® (desvenlafaxine succinate)
☐ Pristiq® (desvenlafaxine)

☐ Other: _____

☐ The patient with Major Depressive Disorder (MDD) and in the current depressive episode, has not responded adequately to at least two different antidepressants of adequate dose and duration.

The information requested above is for benefits investigation purposes only. This form does not constitute a valid prescription.