



**VIRGINIA**  
**INFUSION THERAPIES**

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**Acknowledgement of Ongoing Care Form**

<b>Patient Name:</b>	
<b>Diagnosis/Diagnoses:</b>	
<b>Provider's specialty:</b>	
<b>Provider's Phone #:</b>	
<b>Provider's Fax #:</b>	
<b>Provider's Email Address:</b>	
<b>Are you aware of any history of psychosis in this patient?*</b>	
<b>Are you aware of current mania in this patient?*</b>	
<b>Additional comments:</b>	
<b>Signature of Provider:</b>	
<b>Date signed by Provider:</b>	

You may review information about ketamine therapy at our practice website:  
[Virginiainfusiontherapies.com](http://Virginiainfusiontherapies.com). Our physicians welcome any questions you have.

\* Psychosis is a contraindication to ketamine treatment