UT★Physicians
A Part of UTHealth

UT Physicians Psychiatry Outpatient Clinic
1941 East Road, Suite 2100
Houston, TX 77054
713-486-2700

TREATMENT-RESISTANT DEPRESSION CLINIC
Patient Referral Form

A completed referral form is required before a patient's first visit. If you have any questions regarding our clinic, please call **713-486-2700**.

Please fax the completed form to **713-486-2721**, attention: Intake Coordinator.

Patient Name:			
Phone Number:		Date of Birth:	

☐ The patient is currently in need of direct psychiatric hospitalization and is not stable. Please refer the patient to our Treatment-Resistant Depression Unit at the UTHealth Harris County Psychiatric Center for admission at 713-741-3883.
☐ The patient is not in need of direct psychiatric hospitalization. Please continue to fill out this form.

Reason for referral: DSM 5 diagnosis: Estimate length of current depressive episode:	

Brief Psychiatric History:	

Suicidal History:	

Chemical Dependency History:	

revised
4/19/2019

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Pharmacogenomics Testing History:	Please attach a copy.

Current Medication:			
Name of Medication	Dose	Duration of Trial	Outcome (effective/ineffective/discontinued due side effects)

Past Medication Trials:			
Name of Medication	Dose	Duration of Trial	Outcome (effective/ineffective/ discontinued due side effects)

Current Psychotherapy:			
Name of Therapist	Therapeutic Approach	Duration of Trial	Outcome (effective/ineffective/discontinued due any reason)

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Past Psychotherapy Trials:			
Name of Therapist	Therapeutic Approach	Duration of Trial	Outcome (effective/ineffective/discontinued due any reason)

Past TMS Trials:			
Name of Provider	Protocol (37 min/19 min/3 min)	Number of Sessions	Outcome (effective/ineffective/ discontinued due side effects)

Past Ketamine or Esketamine Trials:			
Name of Provider	Dose	Number of Administrations	Outcome (effective/ineffective/ discontinued due side effects)

Past ECT Trials:			
Name of Provider	Protocol (unilateral/bilateral)	Number of Sessions	Outcome (effective/ineffective/ discontinued due side effects)

Additional Comments:	

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Indicate how frequently you would like to be informed of your patient's progress:	

How would you like to be contacted:	☐Phone	☐Email

Referring Practitioner Signature *(required for insurance purposes)*:		Date:

Referring Practitioner Printed Name:		Phone:

Email:		Fax:

About our Clinic:

The Treatment-Resistant Depression Clinic offers advanced treatment for patients suffering from complex and severe depression, whose conditions have not responded to previous efforts. Our mental health professionals are faculty members in the Department of Psychiatry and Behavioral Sciences at McGovern Medical School at UTHealth and the UTHealth Center of Excellence on Mood Disorders – a member of the National Network of Depression Centers. Dedicated to the study and treatment of treatment-resistant depression, we are highly trained in innovative, evidence-based therapies such as transcranial magnetic stimulation (TMS), Electroconvulsive therapy (ECT), Esketamine, and Deep brain stimulation (DBS). Our clinic will work in partnership with the referring physician to explore new possibilities and offer hope to our patients.