

FLO HYDRATION & WELLNESS

10400 Mallard Creek Road

Suite 208

Charlotte, NC 28262

flohydrationandwellness@gmail.com



Acknowledgement of Ongoing Care Form

Patient Name:			
Diagnosis/Diagnoses:			
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:			
Name of Provider (printed):			
Signature of Provider:		Date:	

You may review information about ketamine therapy at our practice website: www.flohydration.com. Our physicians welcome any questions you have.

*Psychosis and mania are contraindications to ketamine treatment