



## The Wellness Collective – Referral Form

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### Referring Provider Information

Provider Name:

Clinic/Practice:

Phone:

Email:

Fax:

### Patient Information

Patient Name:

Date of Birth:

Phone:

Email:

Preferred Contact (Phone/Email):

### Requested Services (check all that apply)

Spravato® (Esketamine) Treatment

Ketamine-Assisted Psychotherapy (KAP)

Mental Health Therapy (EMDR, Play Therapy, Couples)

Medication Management

Hormone Replacement Therapy (HRT)

GLP-1s

Labs, Nutrition & Supplements

IV Nutrient Therapy

### Clinical Information

Diagnosis / Reason for Referral:

Current Medications:

Additional Notes / Relevant History: