

# JoyDeVie INFUSIONS

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## ACKNOWLEDGEMENT OF ONGOING CARE

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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.joydevie.com](http://www.joydevie.com). Our team welcomes any questions you have.

*\*Psychosis and mania are contraindications to ketamine treatment*