



ALLEVIANT

HEALTH CENTERS

9501 Baptist Health Drive • Suite 940 • Medical Towers 2 • Little Rock, AR 72205
(501) 312-2825 office • (501) 725-8863 fax

Confirmation of Care Form

At Alleviant Health Centers we act purely as consulting and collaborating providers for your patient. As such, it is imperative that all potential patients either have a current psychiatrist, therapist, or actively engaged primary care physician and / or specialist that is serving or is going to serve as their primary provider. By signing below you are acknowledging that you are in fact the primary provider for this patient and that you are willing to engage with Alleviant Health Centers staff / physicians in a consulting / collaborative capacity for the betterment of your patient's condition so long as they are actively seeking services from Alleviant Health Centers. This attestation does not confer in any way a referral or prescription for Alleviant Health Center services.

At present Alleviant Health Center services include therapies such as ketamine infusions and transcranial magnetic stimulation for both off-label and FDA approved treatments for mental health and pain syndromes.

Your patient's continuity of care is of the utmost important to us. Please provide the following:

Patient Name: _____ **Date of Birth:** _____

Patient Phone Number: _____ **Diagnosis:** _____

Provider Name: _____ **Speciality:** _____

Phone: _____ **Fax:** _____ **Email:** _____

I acknowledge that I may review these therapeutic options at www.allevianthealthcenters.com and may contact Alleviant Health Centers to discuss the treatments at any time. By signing below I attest that I am currently an active provider in my patient's care and that I intend to follow up with my patient during and after any course of treatment at Alleviant Health Centers and / or that I will refer my patient to a similarly qualified and licensed medical professional for follow-up if I am no longer able to do so.

Provider Signature: _____ **Date:** _____

Please fax this form with your most recent evaluation of the patient to (501) 725-8863.