

Consent for treatment:

I, _____, give Dr. Teresa M. Anderson permission and consent to treat me for depression/anxiety/PTSD/OCD (circle all that apply) using a low dosage of ketamine administered intravenously according to protocol set forth by Neuragain (40" infusion using 100mL normal saline).

I understand that this medication is considered "off-label" such that it does not have official FDA approval for usage in treatment in the aforementioned disorders. However, the majority of medications used in psychiatric treatment today are used in an off-label manner.

I have been given the possible side effects of the medication (including but not limited to: increased blood pressure, flushing, headache, dizziness, drowsiness, difficulty breathing, mild dissociative feelings, mild light trails/visual phenomena, GI upset) and understand the risks posed when taking an off-label medication. Both my physician and I have thoroughly reviewed my case and feel the benefits of this treatment outweigh the risks in this particular instance.

I also understand that during the time in the office, if I experience a blood pressure high enough to be treated, then I may receive I.V. labetalol. If I experience nausea or vomiting, I may be given sublingual Zofran (ondansetron). If I experience headache, I may be given oral ibuprofen or acetaminophen. I have the right to request or refuse any and all of the above, if necessary. My consent allows me to be treated in a medically appropriate manner. If an emergency occurs, 911 will be called.

We have discussed and reviewed the "rule-out" conditions under which I may not receive benefit from treatment, or for which I may be refused treatment. Included among these are: seizure disorder, recent head trauma, current or impending pregnancy, high doses of lamictal/lamotrigine/narcotics/painkillers/benzodiazepines/sedatives, blood clotting disorders, poor reaction to anesthetics, allergies, current dependence upon or intoxication with non-prescribed substances, drug-seeking behavior, or current treatment at another ketamine clinic.

I agree to the terms set forth above.

Printed name: _____

Signature: _____

Date: _____

Witness: _____