Pre-Infusion Questionnaire

(Please print, fill out, and bring with you the day of your first infusion appointment.)

1st Ketamine Infusion Appointment Date:

Name: Date of Birth:

Address: Phone Number:

Email:

Referring physician or source (How did you hear about us?):

Current Psychiatrist/Prescriber/Therapist/Primary Physician (circle one):

Pharmacy Name and Phone Number:

---

*Please note any medical conditions you are currently being treated for or have been diagnosed with:

____Bleeding/clotting disorder(s)?

____High blood pressure?

____Seizure disorder or history of head trauma?

____Currently or may become pregnant?

____Currently taking narcotic/opioid painkillers? If so, what, and how much? How frequently? _____

____Currently taking benzodiazepines (Valium/diazepam, Klonopin/clonazepam, Ativan/lorazepam, Xanax/alprazolam) or sedatives? If so, what, and how much? How frequently?

____Are you currently on a dosage of Lamictal (lamotrigine) 100mg/day or higher?

____Ever had a history of a bad reaction, allergy, or bad outcome to anesthesia? Please explain:

_____

Any other conditions not listed above (PLEASE EXPLAIN):

_____

_____

_____

*Please note any psychiatric conditions for which you are currently being treated or with which you have been diagnosed:

____Major depression

____Post-partum depression

____Obsessive-compulsive disorder

____Post-traumatic stress disorder

____Generalized anxiety disorder

____Panic disorder

____Addictions to or dependence on (or a history of treatment for) painkillers/narcotics/ opioids, sedatives, alcohol, or cocaine (please be honest—it's rather important to know, as ketamine can interact with these substances to your significant detriment.)

_____ Are you currently under the care of another ketamine clinic provider, seeking treatment at a pain clinic for pain disorder or for the treatment of depression, anxiety, or PTSD? (IF YES, then we will need a copy of your medical records from your previous treatment provider BEFORE the 1st infusion takes place, the dosage and frequency with which the ketamine was given, AND a written consent from you that you will not seek ketamine treatment elsewhere while receiving it at this clinic.

I hereby certify that I have answered the above questions honestly and to the best of my ability, and understand that if I have willingly omitted information, or have provided false information, that I could have an unexpected outcome from the treatment, could be harmed from the treatment, or that I may discharged as a patient.

Printed Name: _____ Signature: _____

Date: _____