KETAMINE INFUSIONS – WELCOME

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Ketamine Infusion Welcome Packet

Ark Integrative Medicine welcomes you as a new ketamine-infusion patient to our medical clinic. We recognize that choosing to move forward with these treatments may require a significant commitment of your time and resources. We look forward to working with you as partners in your care.

Enclosed you will find several forms for your review prior to your appointment. Specifically, enclosed are the following:

- **Ketamine-Infusion General Information Form**
- **Patient's Electronic Communications Authorization and Consent Form**
- **Patient's Medical and Psychiatric History Form**
- **Ketamine-Infusion Pre-Procedure Instructions**

At your appointment, you will also receive additional forms, including a Medical Informed Consent, and a copy of our office's privacy practices.

Please read and review the attached forms prior to your consultation, so that you are ready to ask questions about the process and your health.

Submitting Your Information

Once you have completed the following pages, you will have several options. You may **Save** the file to your desktop computer, from which you can email it back to Ark Integrative Medicine (email to: irvine@ark-imed.com; **Clear** all the form fields, should you need to redo any section; or use the **Print** button (which requires you to have access to a home or office printer) to print a hardcopy of the forms to bring to your appointment. You may also fax the completed forms to us, if you prefer.

If you forget to complete or submit these necessary forms prior to your appointment, you may be asked to fill them out again in our office before your consultation.

Ketamine-Infusion General Information

What is Ketamine?

Ketamine is a prescription medication that is frequently used in hospitals and other medical settings as an anesthetic. More recently, however, ketamine therapy has been used as an "off-label" treatment for severe depression when other antidepressants don't work, as well as other medical conditions. Ketamine infusions deliver careful, controlled doses of ketamine to the body intravenously (through an infusion into your body), and it provides an antidepressant effect. It is believed that ketamine targets NMDA receptors in the brain, leading to the release of other molecules that cause new connections to form between brain cells that are involved in thought patterns, mood and cognition, leading to the patient feeling better. For some patients, this ketamine application helps relieve symptoms of depression much more quickly and effectively than other depression treatment strategies.

Through many scientific studies, ketamine has been shown to promote change and healing within the brain itself. Although all patients are unique and results cannot be guaranteed, over 70%-80% of patients with treatment resistant mood disorders and pain syndromes can expect significant relief with ketamine infusions.

The protocols utilized by Ark Integrative Medicine are developed based on our professional and continued review of current consensus on the off-label use of ketamine for the treatment of depression and other psychiatric and chronic pain conditions.

Do I Qualify for Ketamine?

From the outset, please know that only persons that pass our medical screening procedure are eligible to receive ketamine therapy. There are certain medications that may interfere with the efficacy of ketamine infusions. Those medications will be stopped and restarted if appropriate once the ketamine infusions are complete. In general, some medical conditions will patently exclude patients from ketamine therapy, including but not limited to: pregnancy; active psychosis; uncontrolled blood pressure; end stage renal disease; unstable heart disease; current drug abuse; intra-cranial mass; untreated thyroid disease; current manic phase of bipolar disorder; and acute psychotic hallucinations/delusions.

The medical screening consists of patient-provided information about your current and past medical and psychiatric history, reviewed and discussed with you by our physician. A physician referral is not necessary to receive treatment at our clinic. However, our medical team will work with your existing health providers as closely as necessary for your health benefit.

If I Qualify, What Happens Next?

After Ark has determined that you are eligible to receive ketamine therapy, you will begin treatment. It is recommended that for best results, a series of treatments is scheduled and administered within several weeks. After each infusion, our medical staff will evaluate your outcome to de-termine efficacy. Following the initial treatment series, most patients will receive maintenance treatments, on a schedule determined by the physician.

Typically, a patient will receive an infusion dose of ketamine over the course of 40-60 minutes to 4 hours. The patient is awake and comfortable the entire time, and there is only an hour or so of downtime following treatment.

Prior to receiving an infusion, our medical staff will review with you and give you discharge instructions, which you will execute, to ensure that you understand what to expect and how to care for yourself following treatment.

How do I Pay for Ketamine Infusions?

Ark Integrative Medicine is not contracted with insurance companies, and does not file any claims for service. Therefore, payment is "out of pocket."

If you wish to pursue reimbursement from your insurers, Ark Integrative Medicine will provide receipts for your service so that you may pursue any potential reimbursement. Ark does not investigate reimbursement policies by any health insurer.

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Payment must be rendered prior to treatment, and may be made by cash, credit card, and HSA (health savings account). A typical minimum in-fusion for a pain syndrome is two hours, with 5-6 treatments over a two or three week period. This pricing does not include additional "maintenance" treatments.

How Do I Get Started?

Please use our website to arrange your initial consultation, or call the office at the number below.

Next, please print out these forms and review them carefully. At the consultation, you and the treating physician will review your medical and psychiatric history to determine if you are eligible for treatment, review and discuss other important forms, such as the Patient's Informed Medical Consent, and discuss any questions you may have.

Does Ark Accept Emergencies?

No. If you are having an emergency of any type, call 911 and go to your nearest Emergency Department. Ark does not provide Emergency Services. If you are having thoughts of suicide, please call the National Suicide Prevention Lifeline at 800-273-8255.

Does Ark Offer Prescriptions beyond Ketamine?

No. Ark Integrative Medicine does not provide prescriptions and does not provide refills on medications from other physicians.

Ark's Termination Policy:

In some cases, it may be necessary to terminate the physician-patient relationship and forgo any further treatments by Ark Integrative Medicine. Termination may occur at any time and may be initiated by either the physician or the patient. Reasons for termination by the physician may include, but are not limited to, non-compliance with treatment, disrup-tion of facility operations, verbal or physical abuse of the staff, or any violation of the post-ketamine discharge instructions. As a courtesy and at its own discretion, Ark may con-tinue to provide care for up to 15 days after the notice of termination, when appropriate, in order for the patient to arrange treatment with a new physician.

Ark Integrative Medicine 15785 Laguna Canyon Rd Ste. 125 Irvine, CA 92618
(949) 932-0350 Fax: (833) 594-2272 Email: irvine@ark-imed.com

ARK INTEGRATIVE MEDICINE

Electronic Communications Authorization

I hereby authorize Ark Integrative Medicine ("Ark" hereinafter) to communicate with me using electronic communications including but not limited to email, text messages, voicemail, and video conferencing meetings. I authorize Ark to contact me solely by the telephone numbers, addresses, and information that I have provided to Ark during any part of our contact. These communications may include appointment information and reminders, protected health and confidential information. I understand that these electronic communications are not encrypted and that Ark is not responsible for the privacy of such communications once they have been transmitted to the numbers provided by me.

LAST NAME ______________________ FIRST NAME ______________________

TODAY'S DATE (MM/DD/YYYY) ______________

☐ By selecting this check box, I consent to receive information from **Ark Integrative Medicine** through electronic correspondence.

KETAMINE INFUSIONS – PATIENT HISTORY

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LAST NAME ______ FIRST ______ PREFERRED ______ D.O.B ______

ADDRESS ______ CITY ______ STATE ______ ZIP ______

SEX: ☐ MALE ☐ FEMALE PHONE ______ EMAIL ______

EMERGENCY CONTACT NAME ______ EMERGENCY CONTACT PHONE ______

HOW DID YOU LEARN ABOUT **ARK INTEGRATIVE MEDICINE**:

☐ **Internet** ☐ **Facebook** ☐ **Friend/Relative** ☐ **Walk-in** ☐ **Other:** ______

BRIEFLY DESCRIBE YOUR CURRENT SYMPTOMS:

PLEASE LIST THE NAMES OF OTHER PRACTITIONERS YOU HAVE SEEN FOR THIS PROBLEM:

PSYCHIATRIC HOSPITALIZATIONS: (INCLUDE WHERE, WHEN, & FOR WHAT REASON)

HAVE YOU EVER HAD ELECTRO-CONVULSIVE THERAPY (ECT)? ☐ YES ☐ NO HAVE YOU HAD PSYCHOTHERAPY? ☐ YES ☐ NO

KNOWN DRUG ALLERGIES:

☐ YES ☐ NO If yes, please list: ______

LIST CURRENT MEDICATIONS YOU ARE TAKING NOW. INCLUDE NON-PRESCRIPTION MEDICATIONS AND VITAMIN SUPPLEMENTS:

	Name of Drug	Dose/Strength	Taken How Often	Length of time on medication
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

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KETAMINE INFUSIONS – PATIENT HISTORY

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YOUR PAST MEDICAL HISTORY: (CHECK ALL THAT APPLY)

- ☐ **Anemia**
- ☐ **Angina**
- ☐ **Asthma**
- ☐ **Bipolar Disorder**
- ☐ **Cancer** *(Specify type below)*
- ☐ **Cataracts**
- ☐ **Chronic Regional Pain Syndrome**
- ☐ **Colitis**
- ☐ **Crohn's disease**
- ☐ **Diabetes**
- ☐ **Depression**
- ☐ **Emphysema**
- ☐ **Epilepsy (seizures)**
- ☐ **Fibromyalgia**
- ☐ **Generalized anxiety**
- ☐ **Goiter**
- ☐ **Heart murmur**
- ☐ **Heart problems**
- ☐ **Hepatitis**
- ☐ **High blood pressure**
- ☐ **High cholesterol**
- ☐ **HIV/AIDS**
- ☐ **Hypothyroidism**
- ☐ **Jaundice**
- ☐ **Kidney disease**
- ☐ **Kidney stones**
- ☐ **Leukemia**
- ☐ **Migraines**
- ☐ **Neuropathic pain**
- ☐ **Obsessive Compulsive Disorder (OCD)**
- ☐ **Pneumonia**
- ☐ **Post Traumatic Stress Disorder (PTSD)**
- ☐ **Psoriasis**
- ☐ **Pulmonary embolism**
- ☐ **Reflux Symptomatic Dystrophy (RSD)**
- ☐ **Rheumatic fever**
- ☐ **Schizophrenia**
- ☐ **Stomach or peptic ulcer**
- ☐ **Stroke**
- ☐ **Tuberculosis**
- ☐ **Other medical conditions:**

If yes to any above, please explain:

PERSONAL HISTORY

WERE THERE PROBLEMS/COMPLICATIONS WITH YOUR BIRTH: ☐ YES ☐ NO If yes, please list:

WHERE WERE YOU BORN AND RAISED?

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? ☐ **High School** ☐ **Some college** ☐ **College graduate** ☐ **Advanced degree**

MARITAL STATUS: ☐ **Never married** ☐ **Married** ☐ **Divorced** ☐ **Separated** ☐ **Widowed** ☐ **Partnered/significant other**

WHAT IS YOUR OCCUPATION? ARE YOU EMPLOYED? ☐ YES ☐ NO HOURS/WEEK

IF NOT CURRENTLY WORKING, ARE YOU: ☐ **Retired** ☐ **Disabled** ☐ **Medical Leave**

DO YOU RECEIVE DISABILITY OR SSI? ☐ YES ☐ NO If yes, for how long?

ARE YOU RELIGIOUS? ☐ YES ☐ NO If yes, what religion?

PAST LEGAL PROBLEMS? ☐ YES ☐ NO If yes, please explain:

Form Continues on Next Page

KETAMINE INFUSIONS – PATIENT HISTORY

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FAMILY HISTORY

FATHER:	☐ **Living**	☐ **Deceased**	If deceased, at what age? ☐	Cause of death:
MOTHER:	☐ **Living**	☐ **Deceased**	If deceased, at what age? ☐	Cause of death:
SIBLING 1:	☐ **Living**	☐ **Deceased**	If deceased, at what age? ☐	Cause of death:
SIBLING 2:	☐ **Living**	☐ **Deceased**	If deceased, at what age? ☐	Cause of death:
CHILD 1:	☐ **Living**	☐ **Deceased**	If deceased, at what age? ☐	Cause of death:
CHILD 2:	☐ **Living**	☐ **Deceased**	If deceased, at what age? ☐	Cause of death:

FATHER'S FAMILY PSYCHIATRIC PROBLEMS PAST & PRESENT:

MOTHER'S FAMILY PSYCHIATRIC PROBLEMS PAST & PRESENT:

FEMALE PATIENTS ONLY:

Age at the time of your first period: ☐ Do you have regular periods? ☐ **YES** ☐ **NO**

Number of pregnancies: ☐ Number of live births: ☐ Number of miscarriages: ☐ Number of abortions: ☐

Have you gone through menopause? ☐ **YES** ☐ **NO** If yes, at what age did you enter menopause? ☐

Form Continues on Next Page

KETAMINE INFUSIONS – PATIENT HISTORY

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IN THE PAST MONTH, HAVE YOU EXPERIENCED ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

GENERAL

- [ ] Recent weight gain (how much) ____ Lbs.
- [ ] Recent weight loss (how much) ____ Lbs.
- [ ] Fatigue
- [ ] Weakness
- [ ] Fever
- [ ] Night sweats

MUSCLE/JOINTS/BONES

- [ ] Numbness
- [ ] Joint pain
- [ ] Muscle weakness
- [ ] Joint swelling (where) ____

EARS

- [ ] Ringing in ears
- [ ] Loss of hearing

EYES

- [ ] Pain
- [ ] Redness
- [ ] Loss of vision
- [ ] Double/blurred vision
- [ ] Dryness

THROAT

- [ ] Frequent soar throat
- [ ] Hoarseness
- [ ] Difficulty swallowing
- [ ] Pain in the jaw

HEART/LUNGS

- [ ] Chest pain
- [ ] Palpitations
- [ ] Shortness of breath
- [ ] Fainting
- [ ] Swollen legs/feet

NERVOUS SYSTEM

- [ ] Headaches
- [ ] Dizziness
- [ ] Fainting or loss of consciousness
- [ ] Numbness or tingling
- [ ] Memory loss

STOMACH/INTESTINES

- [ ] Nausea
- [ ] Heartburn
- [ ] Stomach pain
- [ ] Vomiting
- [ ] Yellow jaundice
- [ ] Persistent diarrhea
- [ ] Blood in stools
- [ ] Black stools

SKIN

- [ ] Redness
- [ ] Rash
- [ ] Nodules/bumps
- [ ] Hair loss
- [ ] Color changes in hands/feet

BLOOD

- [ ] Anemia
- [ ] Clots

KIDNEY/URINE/BLADDER

- [ ] Frequent or painful urination
- [ ] Blood in urine

WOMEN ONLY

- [ ] Abnormal Pap smear
- [ ] Irregular periods
- [ ] Bleeding between periods

PSYCHIATRIC

- [ ] Depression
- [ ] Excessive worries
- [ ] Difficulty falling asleep
- [ ] Difficulty staying asleep
- [ ] Difficulty with sexual arousal
- [ ] Changes in appetite
- [ ] Frequent crying
- [ ] Sensitivity
- [ ] Thoughts of suicide/attempts
- [ ] Stress
- [ ] Irritability
- [ ] Poor concentration
- [ ] Racing thoughts
- [ ] Hallucinations
- [ ] Rapid speech
- [ ] Guilty thoughts
- [ ] Paranoia
- [ ] Mood swings
- [ ] Anxiety

KETAMINE INFUSIONS – PATIENT HISTORY

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SUBSTANCE USE INDEX

DRUG CATEGORY	Age when you first used this	How much and how often did you use this	For how many years did you use this	When did you use this last	Do you still use this YES	NO
Alcohol						
Cannabis Marijuana, hashish, hash oil						
Stimulants Cocaine, crack						
Stimulants Methamphetamine – speed, ice, crank						
Amphetamines/Other Stimulants Ritalin, Benzedrine, Dexedrine						
Benzodiazepines/Tranquilizers Valium, Librium, Halcion, Xanax, Diazepam, "Roofies"						
Sedatives/Hypnotics/Barbiturates Amytal, Seconal, Dalmane, Quaalude, Phenobarbital						
Heroin						
Illicit (Street) Methadone						
Other Opiods Tylenol #2 & #3, 282'S, 292'S, Percodan, Percocet, Opium, Morphine, Demerol, Dilaudid						
Hallucinogens LSD, PCP, STP, MDA, DAT, mescaline, peyote, silocybin mushrooms, ecstasy (MDMA), nitrous oxide						
Inhalants Glue, gasoline, aerosols, paint thinner, poppers, rush, locker room						
Other:						
Other:						
Other:						

☐ By selecting this check box, I attest that the above personal health information is correct and complete to the best of my knowledge.

TODAY'S DATE: (MM/DD/YEAR)

SAVE FORM   CLEAR FORM   PRINT FORM

Ketamine-Infusion Pre-Procedure Information

On the day of your procedure, **we ask that you not eat or drink within 2 hours** of treatment. On arrival, the medical staff will ensure that all of your documentation is in order, review your medical concerns, determine that any medications contraindicated during ketamine therapy were withheld appropriately, review and execute any outstanding consents and the post-discharge instructions, and the agreed treatment plan will be confirmed by our physician.

Following the review of forms, as detailed above, you will be made comfortable in one of our treatment rooms. We have weighted blankets, eye masks, and headphones available if you wish to use them. A small intravenous (IV) line will be started in your arm to receive the infusion. You will be placed on a monitor to continuously monitor your heart rate, rhythm, blood pressure and oxygen saturation. Under the supervision of the treating physician, you will receive ketamine through your IV over 40-240 minutes, depending on your treatment plan. Our experienced, professional and attentive nursing staff will help keep you comfortable and cared for during the infusion.

After the infusion, you will continue to be monitored for approximately 30 minutes or more. Once the clinical staff has completed their post-infusion documentation and has decided that you can be released to the care of your family member or friend, you will be allowed to go home.

You cannot drive home after the procedure. If you do not have someone to drive you home, the infusion will be canceled that day at your expense. You cannot drive the day of the infusion, but you can drive the following day. **Prior to your infusion**, you must organize your schedule to ensure that for at least 12 hours following the infusion, you will not be required to make important legal or business decisions, you will not place yourself at any obvious or even potential physical risk, and you must not consume any alcohol or take any illegal drugs.

Approximately 24-48 hours after your infusion, a staff member will contact you in order to assess your clinical response to therapy. If you notice anything unusual or if you have questions during office hours, please call our office.

If, at any time, you have a medical emergency or thoughts of suicide, immediately call 911 or go directly to an emergency room. Please also call the National Suicide Prevention Lifeline at 800-273-8255. It is available 24 hours daily.