

KETAMINE CLINIC OF MICHIGAN

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Consent to Receive IV Ketamine Infusion

This form provides consent for Dr. Culver and his staff to administer IV Ketamine infusion to treat depression, bipolar disorder, suicidal ideations, or post-traumatic stress disorder (PTSD).

IV Ketamine Infusions have been found to be effective in about 70% of patients who have treatment resistant depression (depression which fails to respond to FDA approved oral antidepressants). Therefore, there is no guarantee that Ketamine Infusions will provide effective relief of depression in any given patient. Even when it is effective, it may last only weeks to months and further infusions may be needed in the future. While Ketamine is an FDA approved medication for anesthesia, its use to treat depression is considered “off-label” use. Therefore, insurances do not pay for its use in such situations. Typically a series of 6 infusions are administered as initial treatment. Payment in full is required prior to initiating treatment.

An IV will be placed prior to the infusion. Blood pressure, heart rate, and blood oxygen levels by pulse oximetry will be monitored immediately before, during, and immediately after each infusion. The Infusion will last approximately forty minutes. It is expected that during the infusion you will experience a “drugged sensation” and will probably find it difficult to focus, concentrate, or formulate complex thoughts. It is common that blood pressure and pulse rate will increase during the infusion.

Potential adverse effects include inflammation, infection, or blood clots related to the IV, a “drugged sensation” during the infusion, the potential for a heart attack or stroke due to elevated blood pressure during the infusion, or allergic reactions to Ketamine.

Please check the appropriate box that applies to you:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Current or recent use of an MAO inhibitor in the past month | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. History of schizophrenia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Heart attack or stents placed in the past six months | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Unstable angina (heart pain that is not well controlled) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. High blood pressure that is not well controlled with current medication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Stroke in the past six months | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

With a full understanding of the above information, I hereby give my consent for Dr. Culver and his staff to administer IV Ketamine. Any questions or concerns have been adequately addressed. No guarantee has been given or implied that I will experience good results. I understand that I am not to drive for twelve hours following the infusion and have a responsible adult available to drive me home.

Name

Date

Witness Name

Date