KETAMINE KEYS

INTAKE FORM

Date:

Please, download and fill out this form, save it and send it to info@ketaminekeys.com OR you can upload it via the "Contact" section on the website. *(This form is best completed on a desktop computer)*

First Name: Last Name:

Date of Birth: Current Age:

Sex: If female, are you nursing?

Health Card Number: Best time to contact:

Contact Information

Address:

City: Postal Code:

Home Phone: Cell Phone: Email:

General Practitioner Information

Name of doctor:

Are you seeing a specialist?

Specialist name: Date of last visit:

Reason for last visit?

Additional notes:

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Your Medical Condition and Symptoms

Primary Condition

Fill in the level of symptom severity. Level 1 - not severe, Level 5 - very severe

Pain.....

Muscle Spasms.....

Mobility.....

Headache.....

Seizures.....

Involuntary Movements.....

Anxiety.....

Depression.....

Concentration/Focus.....

Sleeplessness.....

Low Libido.....

Visual Disturbance.....

Weight Loss.....

Lack of Appetite.....

Nausea/Vomiting.....

Diarrhea.....

Constipation.....

Medication Side Effects.....

Other:

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Your Medical Condition and Symptoms

Fill in the level of symptom severity. Level 1 - not severe, Level 5 - very severe

How much does your condition affect your daily routine?

How much does your condition affect your ability to work?

Current Medication

**Please indicate the dosage*

Medications:

Drug Allergies:

Do you have any other health problems? Such as, Heart Failure, Diabetes, COPD, High Blood Pressure, etc.
If so, please indicate below:

What therapies have you tried?

Fill in all that apply and degree of effectiveness. 1 – Not effective / 5 – Very effective

Physiotherapy

Chiropractic

Naturopathic/Homeopathic

Counselling/Psychotherapy

Therapeutic Injections

Acupuncture

Hospitalizations

Electroconvulsive Therapy

Have you ever been diagnosed with dependence on any drug, prescribed or otherwise?

If so, which drug(s) and for how long?

If you currently use tobacco products or have done so in the past, please provide history:

If you currently use recreational drugs or have done so in the past, please provide a history:

Have you suffered from a psychiatric illness in the past or currently?

If so, which illness and when?

How you previously used psychedelics for symptom relief?

If so, which ones and when?

Have you ever been hospitalized?

If so, why and when?

Have you had any surgeries in the past?

If so, which ones and when?

Has a close member suffered from psychiatric illness?

Do you suffer from heart disease?

If so, please describe:

What are your treatment goals?

Reduce pain..... ☐

Improve daily function..... ☐

Improve appetite..... ☐

Improve mood..... ☐

Improve sleep..... ☐

Reduce cravings..... ☐

Reduce psychological symptoms..... ☐

Other:

Why do you feel Ketamine is a appropriate medical treatment for you?

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Quality Of Life Enjoyment and Satisfaction Questionnaire

PRE-TREATMENT

This questionnaire is designed to help assess the degree of enjoyment and satisfaction experienced during the past week.

Fill in the level of satisfaction. Level 1 - not satisfied, Level 5 - very satisfied

Taking everything into consideration, *during this past week* how satisfied have you been with your…

Physical health?.....

Mood?.....

Work?.....

Household activities?.....

Social relationships?.....

Family relationships?.....

Leisure time activities?.....

Ability to get around physically without feeling dizzy or unsteady or falling?.....

Your vision in terms of ability to do work or hobbies?.....

Overall sense of well being?.....

Medication? (if not taking any check here, and leave rating blank).....

How would you rate your overall life satisfaction and contentment during the past week?

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Check each subject that applies

This questionnaire is designed to help assess the degree of enjoyment and satisfaction experienced during the past week.

Family history of substance abuse:

Alcohol..... ☐

Illegal drugs..... ☐

RX drugs..... ☐

Personal history of substance abuse:

Alcohol..... ☐

Illegal drugs..... ☐

RX drugs..... ☐

Personal Mental Health History:

ADD/OCD..... ☐

Bipolar..... ☐

Schizophrenia... ☐

Depression..... ☐

Anxiety..... ☐

PTSD..... ☐

Dementia..... ☐

Borderline Personality Disorder... ☐

History of preadolescence sexual abuse: ☐

Signature: Date:

Name:

KETAMINE KEYS

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General Information & Initial Consent

Overview

Ketamine is a dissociative class compound, with an FDA schedule III designation. It is indicated for and commonly used as an anesthetic medication. Ketamine has been found to be helpful for treating depression, even in individuals who have not responded to other interventions. It has a unique effect in that it can work very rapidly with individuals frequently seeing improvement in their depression within hours. However, ketamine response is not guaranteed and even in responders there can be a high rate of relapse back to the depressed state, even with repeat dosing that increases over time.

The ongoing beneficial effects of ketamine that can be realized include general mood improvement, lessening of anhedonia and reduction/resolution of suicidal ideation. Improvements to levels of anxiety and patterns of sleep, appetite and energy can also be realized. Ketamine has also demonstrated benefit in anxiety conditions, including PTSD, and may yield gains in patterns of obsessive thinking or rumination. Coupling these biological effects with psychotherapy and behavioral change is designed to maximize benefit and sustained gains.

Off-label Use

Ketamine does not have an indication for treatment of depression, anxiety or any other psychiatric condition by the FDA. Therefore, the provision of ketamine for these conditions is an 'off-label' use. This is a legal prescribing practice and occurs quite commonly – up to 20% of medication in the US by some measures, for example, the use of tricyclic antidepressants for pain, or stimulants for depression with a profound neuro-vegetative component.

Mechanism

Most clearly, ketamine operates on a receptor level as an NMDA antagonist and regulates the availability of the neurotransmitter glutamate in the brain. The antidepressant effect appears to be mediated by downstream signal effects of AMPA receptors. A variety of other receptors are targeted and contribute to the acute and ongoing effects of treatment.

Route of Administration

Ketamine can be administered in a variety of ways: via an intravenous ketamine infusion (IV), an intramuscular injection (IM), a subcutaneous injection (SC) intranasally, sublingually and orally as a dissolving troche or oral dissolving tablet. Routes vary in the onset of action, bioavailability and clearing time through the system for each individual. While there is generally a predictable response based on past administration, it is possible that patients may experience variable physiological and subjective experiences with the same dose.

Route	Bioavailability	Onset
IV	100%	1 min.
IM	93%	1 - 5 min.
Nasal	25 - 50%	30 min.
Oral	17 - 24%	< 30 min.
Sublingual	24 - 30%	< 15 min.

Initials:

Ketamine has a half-life of 2.5 hours. First stage metabolism is 10-15minutes. It is excreted through the kidneys. A small percentage is unchanged. The majority is converted into longer metabolites, such at hydroxynorketamine (HNK), which is felt to mediate antidepressant effects and can be detected in urine for up to a week after treatment.

Dosing Protocols
There is a variety of dosing protocols in practice. Much research and attention has been focused on the provision of 0.5mg/ kg of ketamine by IV infusion over 45 minutes in a repeated series consisting of two treatments per week for three weeks. Other described protocols include the provision of a single infusion, and daily or weekly dosing – by IV, IM, nasal or oral routes of administration. There is significant ongoing research into initial and maintenance protocols to define optimal response. Much attention is focused on the maintenance of response, noting that the drop off in response can approach 90% following a positive response. Combining psychotherapy with ketamine dosing serves to prolong its effects by addressing behavioral and psychological factors that can perpetuate depression, anxiety and other distress states.

Effect
Ketamine effects can be designated as occurring at the time of dosing and can be both acute and ongoing beyond the time it takes for ketamine to metabolize physically, noting that longer acting metabolites persist up to a week. The acute subjective effects of ketamine dosing can range from sub-perceptual disturbances in cognitive processing and body sensation to full dissociative states in which one feels separate from the body and cognition is drastically altered. Research evidence suggests that some level of dissociation may be correlated with treatment response for depression.
These experiences are classified as non-ordinary states of consciousness (NSCs), and may represent novel experiences for patients. It is possible that some patients may experience a departure from their usual mind and physical state as challenging or unsettling in the moment. The treatment environment, supportive therapist stance and dosing protocol is designed to optimize the positive nature of the subjective experience. Initial dosing (ie. 1.5mg/kg IM, or 50-100mg oral ketamine) is designed to place patients in a 'trance' state that may vary in intensity from one patient to another. Patients are given an option to increase or decrease the dose during subsequent treatments.

A more comprehensive description of dosing ranges and effects is listed below. Ketamine Psychedelic Psychotherapy: Focus on its Pharmacology, Phenomenology, and Clinical Application: Journal of Transpersonal Studies. Volume 33. Issue 2.

State	Features	Typical Ketamine Dose	Duration
Empathogenic Experience	Awareness od body; comfort and relaxation; reduced ego defenses; empathy; compassion, and warmth; love and peace; euphoria; mind is dreamy with non-specific colorful visual effect	Low sub-psychedelic dose similar to that used for anxiolysis and/or analgesia (0.25 mg/kg — 0.5 mg/kg IM, or 25 — 50 mg IM)	45-60 min
Out-of-Body Experience (OBE)	Complete separation from one's body; significantly diminished ego defenses; visits to mythological realms of consciousness; encounters with non-terrestial beings; emotionally intense visions (e.g., deceased relatives, spirits); vivid dreams of past and future incarnations; re-experiencing the birth process	Medium psychedelic dose such as that used for mild conscious dissociative sedation (0.75 mg/kg —1.5 mg/kg IM, or 75 mg — 125 mg IM)	45-60 min
Near-Death Experience	Departure from one's body; complete ego dissolution/loss of identity; experienced physical (body) and psychological (mind) death; experience being a single point of consciousness simply aware of itself; reliving one's life; aware of how actions have affected others, with moral judgment of self	High psychedelic dose such as that used for moderate to extended conscious dissociative sedation (2.0— 3.0 mg/kg IM, or 150—250 mg IM)	45-60 min
Ego-Dissolving Transcendental Experience (EDT)	Ecstatic state of the dissolution of boundaries between the self and external reality; complete dissolution of one's body and self (soul); transcending normal spacetime continuum; collective consciousness; sacredness; unity with Nature/Universe	Rare in low doses (0.25 mg/kg— 0.5 mg/ kg IM, or 25 — 50 mg IM), more common in high psychedelic doses (2.0 mg/kg — 3.0 mg/kg or 150 — 250 mg IM)	45-60 min

Initials:

Ketamine Assisted Psychotherapy

Combining ketamine with psychotherapy can yield a greater benefit than biological ketamine treatments alone. The non-ordinary consciousness states of the ketamine experience provide more material to work with in therapy, especially in the context of a long-term psychotherapeutic relationship.

In this implementation model, ketamine is dosed in the patient's home or accommodations, using intramuscular injection. This location and approach maximizes the comfort of the patient, rather than placement of an IV line. By enhancing physical comfort in a familiar environment, the therapeutic effect of treatment is maximized.

This treatment model is provided after evaluation of patient response to medication, psychotherapy, and the appropriateness of others treatment modalities – i.e.. for depression; ECT, TMS. Patient has a right to refuse this treatment at any point. The expected outcome from treatment may vary from non-response to a robust and sustained response. There are adverse effects potentially associated with the treatment. Ongoing benefit from treatment may require ongoing dosing. A single or subsequent dosing of ketamine does not automatically imply ongoing provision of this treatment.

Medical clearance for treatment:

Prior to administration of ketamine, a patient will need a primary care provider to evaluate overall health, in particular respiratory and cardiovascular status. Medication optimization of blood pressure is needed based on the sympathetic activation effects of ketamine. An EKG may be required in instances where there has been arrhythmia or a history of cardiovascular issues. Patients with a history of cystitis or other bladder issues may need to be cleared by urological consultation, noting the rare but potential significant adverse effect of cystitis.

Adverse and side effects associated with treatment:

Ketamine increases sympathetic tone in the vasculature and can raise blood pressure, which has associated risks with adverse outcomes linked to stroke and arrhythmias, resulting in loss of function and possibly death. Ketamine has limited suppression of respiratory drive, however it is rarely reported to cause laryngospasm, particularly in pediatric populations. Ketamine has been associated with cystitis, a painful and potentially irreversible bladder condition. Cystitis has been generally reported in higher doses and more frequent uses, particularly in substance abusing populations.

Ketamine carries a risk of abuse and tolerance including escalated use with adverse outcomes. It generally has low reinforcement properties (ie. stimulants) and no physiological withdrawal syndrome (ie. opiates, benzodiazepines,). Therefore, it is atypical for patients to crave use and demonstrate behaviors to obtain it. Some patients exhibit tolerance (needing higher doses for the same effect).

At anesthetic doses 1-3mg/kg dosed by IM or IV, the following side effects are commonly reported, and may occur in lower dose delivery – ie. oral dosing of 100-200mg, but are less likely. Transient – up to 4 hours: dizziness, blurred vision, headache, nausea, vomiting, dry mouth, restlessness, impaired coordination and impaired concentration. An emergence phenomena, in approximately 10-20% of cases, has been reported in which a patient may experience subjective distress with psychological or physical restlessness. In these instances, treatment with low dose anxiolytic medication has been beneficial. There are also rare psychological and psychiatric risks associated with treatment, notably switching into mania for bipolar patients, who may not yet be diagnosed as such. While rarely described, it is possible that sustained perceptual disturbances, alternations in cognition, reality testing or subjective distress stemming from treatment may persist beyond the active period of treatment.

Initials:

Management of Adverse Effects:
Treating providers are trained in management of cardiovascular events and airway access. Intervention may include provision of antihypertensive medication, performing CPR, and interventions to manage the airway. In the event of psychological distress, the treating provider may deliver anxiolytic medication (ie. Ativan / Lorazepam) in oral or intramuscular formulation. The treating providers reserve the right to activate emergency response systems, ie. call 911, if it is determined by clinical judgment that patient safety requires a higher level of care than can be provided alone.

Preparation Prior To Treatment:
Patients are expected to abstain from all substance use for a period of 48 hours including alcohol, tobacco, cannabis and any illicit substances.

- In certain instances, a urine toxicology screen may be required prior to treatment, including on the day of treatment.
- No dietary intake for at least 4 hours prior to treatment. A small intake of fluids is permitted.
- Hold medication that may raise blood pressure – ie. stimulants and antihistamines.
- Continue on anti-hypertensive and diabetic medication, with insulin dose adjustments based on dietary intake.

Standard Course Experience with Treatment
Preparation: 0-15 minutes

- Evaluation of mindset and readiness for treatment.
- Blood pressure screening, with a goal parameter of 140/90mm Hg or lower. Patients with blood pressure above the threshold will need to take medication to control blood pressure on the day of treatment and possibly during the course of treatment. Clonidine is available in oral formulation and hydralazine can be provided by IM.
- Confirmation that an after-care/support person is available for supervision and/or pick-up of patient.
- Completion of depression and related screening forms.

Dosing: Onset 5-10 minutes

- Intramuscular Injection (IM) – initially dosed at 1.5mg/kg body weight. If necessary, dosing will be adjusted by .5mg/kg during subsequent treatments until an optimal response is realized.
- Oral troche – initially dosed between 25mg – 100mg based on body weight and subjective evaluation of patient capacity to tolerate dissociative state. Patients can expect a medicinal tasting bolus of saliva to accumulate in the mouth, to be held for 15 minutes and then swallowed.

Trance state: 30-45 minutes: Generally restful, volitionally non-verbal, supported by soothing music and eye shade to minimize light effect.

- Patient will typically experience a heaviness in the physical body, possibly with the loss of sensation, followed by a separation from the usual state of cognitive processing, such that verbal expression may become limited or absent.
- Patients are generally rousable to an alert and interactive state, and will be checked in on by verbal cue to determine if there are any concerns. Physical contact will consist of provider placement of hand on the arm or shoulder of the patient – with contact over clothing; unless there is concern for medical emergency.
- Some patients may experience unfamiliarity with this state that is disconcerting – perhaps in the heaviness/floating sensation, a vertigo-like sensation, physical discomfort (nausea), or the presentation of distressing psychological material.

Initials:

- During this phase of treatment vital signs will be checked.
- If necessary, an anti-emetic medication will be administered for nausea.
- Patient also consents to allow for video monitoring of the experience in order to assure safety and mutually

mitigate concern for behavior that may be aversive, intrusive or experienced as such by the patient in an altered state of awareness. – ie. a gentle hand placed on the shoulder.

Integration Phase: 30-45 Minutes: Opportunity for Reflection and Discussion

• Patient will be engaged verbally to describe the experience and potentially engage in discussion of thoughts, emotional states and physical sensations. Patients may prefer silence in this period, and thoughts may be recorded by physician notations or the use of the patient's private recording device – ie. phone or audio recorder.

Initials:

MD/Physician providing treatment:

Signature:

Name:

Date:

Patient receiving treatment:

Signature:

Name:

Date: