

# KETAMINE INFUSIONS – WELCOME

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## Ketamine Infusion Welcome Packet

Bloom Health and Wellness Center of Kansas City 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 Bloom Health & Wellness ([email to: ketamine@bloomhealthkc.com](mailto:ketamine@bloomhealthkc.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 at 913-232-8032.

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?***

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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 Bloom Health and Wellness 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?***

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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?***

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After Bloom Health 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 determine 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?***

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Bloom Health and Wellness of Kansas City 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, Bloom Health will provide receipts for your service so that you may pursue any potential reimbursement. Bloom Health 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). The cost of ketamine IV therapy for psychiatric diagnoses is \$550.00 per treatment for a total of \$3300.00 for six initial infusions over a two or three week period. The cost of ketamine IV therapy for chronic pain syndromes is \$550 per hour of treatment therapy, and the number of treatment hours required is based on the type of pain syndrome. A typical minimum infusion 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?***

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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 Bloom Health Accept Emergencies?***

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

## ***Does Bloom Health Offer Prescriptions beyond Ketamine?***

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No. Bloom Health and Wellness Center of Kansas City does not provide prescriptions and does not provide refills on medications from other physicians.

## ***Bloom Health's Termination Policy:***

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In some cases, it may be necessary to terminate the physician-patient relationship and forgo any further treatments by Bloom Health and Wellness Center. 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, disruption 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, Bloom Health may continue 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.

## Electronic Communications Authorization

I hereby authorize Bloom Health and Wellness of Kansas City, LLC (“Bloom Health” hereinafter) to communicate with me using electronic communications including but not limited to email, text messages, voicemail, and video conferencing meetings. I authorize Bloom Health to contact me solely by the telephone numbers, addresses, and information that I have provided to Bloom Health 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 Bloom Health 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 Bloom Health & Wellness 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 BLOOM HEALTH & WELLNESS:

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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# KETAMINE INFUSIONS – PATIENT HISTORY

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YOUR PAST MEDICAL HISTORY: (CHECK ALL THAT APPLY)

<input type="checkbox"/> Anemia	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Pulmonary embolism
<input type="checkbox"/> Angina	<input type="checkbox"/> Epilepsy (seizures)	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Reflux Symptomatic Dystrophy (RSD)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Generalized anxiety	<input type="checkbox"/> Kidney stones	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Cancer (Specify type below)	<input type="checkbox"/> Goiter	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Stomach or peptic ulcer
<input type="checkbox"/> Cataracts	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Migraines	<input type="checkbox"/> Stroke
<input type="checkbox"/> Chronic Regional Pain Syndrome	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Neuropathic pain	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Colitis	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Obsessive Compulsive Disorder (OCD)	<input type="checkbox"/> Other medical conditions:
<input type="checkbox"/> Crohn's disease	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Pneumonia	<div style="border: 1px solid black; height: 80px;"></div>
<input type="checkbox"/> Diabetes	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Post Traumatic Stress Disorder (PTSD)	
<input type="checkbox"/> Depression	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Psoriasis	

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:

# 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?

# 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
<b>Alcohol</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cannabis</b> Marijuana, hashish, hash oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stimulants</b> Cocaine, crack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stimulants</b> Methamphetamine – speed, ice, crank	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Amphetamines/Other Stimulants</b> Ritalin, Benzedrine, Dexedrine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Benzodiazepines/Tranquilizers</b> Valium, Librium, Halcion, Xanax, Diazepam, “Roofies”	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sedatives/Hypnotics/Barbiturates</b> Amytal, Seconal, Dalmane, Quaalude, Phenobarbital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heroin</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Illicit (Street) Methadone</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Opioids</b> Tylenol #2 & #3, 282’S, 292’S, Percodan, Percocet, Opium, Morphine, Demerol, Dilaudid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hallucinogens</b> LSD, PCP, STP, MDA, DAT, mescaline, peyote, silocybin mushrooms, ecstasy (MDMA), nitrous oxide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inhalants</b> Glue, gasoline, aerosols, paint thinner, poppers, rush, locker room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other:</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 within 6 hours and not drink within 4 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.

## Patient Confirmation

I attest that the information I have provided to Bloom Health and Wellness Center of Kansas City in the Patient History form is true and correct. And, if applicable, I have made any and all updates before executing this page.

PATIENT NAME (PLEASE PRINT)

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PATIENT SIGNATURE

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TODAY'S DATE (MM/DD/YYYY)

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