



**KHRYSALIS PSYCHOTROPICS P.C.
PRE-INFUSION QUESTIONNAIRE**

Name: _____ DOB: _____

Address: _____

Cell phone: _____

Email: _____

Name of person who will be with you during the infusion and taking you home:

_____ His/her/their cell number: _____

Have you ever received ketamine therapy before? _____

Have you ever had an allergic reaction to ketamine? _____

Ketamine is contraindicated in patients with schizophrenia, patients with bipolar mania, and in some patients with a history of severe brain injury, brain abnormalities, and seizure disorders. It is also contraindicated in women who are pregnant or breastfeeding. Do any of these situations apply to you? (explain) _____

What is the condition(s) which you are hoping to treat with ketamine? _____

What prescription medications do you currently take? _____



Are you or could you be pregnant or are you currently breastfeeding? _____

Have you ever had an adverse reaction to anesthesia before? _____

Are you currently under the care of a psychiatrist or counselor? _____

If you would like us to share information about today's visit, please provide your therapist or doctor's name and phone number: _____

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 be discharged as a patient.

Printed name: _____

Signature: _____

Date: _____

Clinic Notes: