

Ketamine Therapy Intake Form

Patient Information

Full Name: _____

Date of Birth: _____

Gender: Male Female Non-binary Prefer not to say

Phone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Primary Care Provider

Name: _____

Phone Number: _____

Medical History

1. Are you currently under the care of a healthcare provider for any mental health condition (e.g., depression, anxiety, PTSD, etc.)?

Yes No

If yes, please list the conditions and any current medications or treatments:

2. Have you ever been diagnosed with any of the following conditions? (Check all that apply)

Depression

Anxiety

Bipolar Disorder

PTSD

Schizophrenia

Seizure Disorder

History of Substance Abuse

Cardiac Condition

High Blood Pressure

Liver or Kidney Disease

Any other mental health disorder (please specify): _____

3. Are you currently taking any medications, including psychiatric medications, over-the-counter drugs, or supplements?

Yes No

If yes, please list them:

4. Do you have any allergies, especially to medications?

Yes No

If yes, please list them:

Ketamine Therapy History

1. Have you ever received ketamine therapy before?

Yes No

If yes, when and for what condition?

2. Have you had any previous experiences with psychedelic therapies or substances?

Yes No

If yes, please describe:

3. Are you familiar with the potential effects and risks of ketamine therapy?

Yes No

If no, would you like more information?

Yes No

Current Symptoms and Goals

1. Please describe the primary reason you're seeking ketamine therapy.

2. How long have you been experiencing these symptoms?
 Less than 1 month 1-6 months 6+ months
3. On a scale of 1-10, how would you rate the severity of your symptoms? (1 = mild, 10 = severe)
 1 2 3 4 5 6 7 8 9 10
4. Have you tried other treatments for your condition (e.g., therapy, medication)?
 Yes No
If yes, please describe what treatments you have tried and how effective they were:

5. What are your goals for ketamine therapy? (e.g., mood improvement, pain reduction, trauma processing, etc.)
