



### **Ketamine Consent Form**

**First Name:**  
**Last Name:**  
**Date of Birth:**  
**Today's Date:**

**Please initial after each statement after reading:**

\_\_\_\_\_ **Ketamine is an anesthetic agent. At sub anesthetic doses (doses below the amount necessary for general anesthesia), Ketamine is useful for the treatment of severe depression.**

\_\_\_\_\_ **The use of Ketamine for the treatment of major depression and other psychiatric conditions is considered investigational by the Food & Drug Administration.**

\_\_\_\_\_ **Potential side effects from Ketamine include: dizziness, bad dreams, perceptual disturbances, confusion, and elevations in blood pressure, euphoria, increased libido, and nausea. These side effects mostly disappear 80 min from infusion, and Ketamine infusion is well tolerated.**

\_\_\_\_\_ **There is a small but greater than zero risk of habituation with Ketamine.**

\_\_\_\_\_ **I have been explained thoroughly about the use of Ketamine for major depression and I had the opportunity to ask all the relevant questions I felt necessary.**

\_\_\_\_\_ **I voluntarily request that Dr. Darin Stettler and his team at Elevated Health administer Ketamine for the treatment of my condition.**

\_\_\_\_\_ **I understand that Ketamine is a widely and successfully used medication and there have been no promises or guarantees as to the effectiveness or safety of Ketamine treatment(s). I understand that there are risks, complications, side effects, and dangers of any medical treatment including Ketamine treatment(s) which I have been clearly informed about, and I accept such risks, complications, side effects, and dangers and clearly and intelligently consent to the Ketamine treatment(s).**

\_\_\_\_\_ I understand that Dr. Darin Stettler and his team at Elevated Health are not responsible for the risks, complications, side effects, and dangers associated with Ketamine treatment(s) and fully release Dr. Darrin Stettler and his team from any damages and injuries which might be suffered from the use of this medication.

\_\_\_\_\_ I have researched the uses of Ketamine or have had a fair opportunity to research the uses of Ketamine, have obtained a second opinion or have had a fair chance to get a second opinion about Ketamine, and have asked questions or have had a fair chance to ask questions about this medication and have no questions about this treatment.

\_\_\_\_\_ I hereby release Dr. Darin Stettler and Elevated Health from any liability for the administration of the product known as Ketamine even if there are complications, side effects, damages or injuries, known or not known to exist, which occur, whether said factors are inherent to the use of the medication or as a result of the negligence or liability of the manufacturer or even as a result of the negligence of Dr. Darin Stettler and his team at Elevated Health, without exception.

\_\_\_\_\_ I understand that I can revoke this consent at any time, including during the infusion.

\_\_\_\_\_ I understand that the duration of the infusion will be approximately 1 hour, and I understand that it will be necessary for me to stay in the office for a while after the infusion ends, typically a few more hours, unless I have arranged for a third party transportation to safely take me from the office.

Patient printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

