
GENERAL CONSENT FOR KETAMINE-ASSISTED PSYCHOTHERAPY

_____ I understand that when ketamine is taken once or twice a week for four to six weeks, it can help reduce symptoms of depression in two-thirds of people who follow this protocol. One-third do not experience symptom relief from the medicine.

_____ I understand ketamine offers mental neuroplasticity for three to four days after taking the medicine, facilitating new thoughts and opportunities for a new narrative, making the days following each treatment an important time for journaling, conversation, meditation, and efforts to build new habits.

_____ I understand that during the medicine session, I will be sedated by the medicine, lying down, using eye shades, with my KAP provider by my side. Depending on the dosage and its effect on me, I will either be in a deeply relaxed state or will enter into a psychedelic state of lucid dreaming. I may experience it as difficult to move or speak during parts of the medicine session. Typically the effect of the medicine lasts 40 to 60 minutes.

_____ I understand that it may take a few medicine sessions to acquire the right dose in order to experience a psychedelic state. This medicine has multiple ways it can be effective as a treatment tool for many psychological/emotional/ mental/mood/spiritual goals, and can be impactful with or without a psychedelic effect.

_____ I understand that following the most intense part of the medicine session, I may still feel a bit sedated, be less than steady on my feet, have slightly blurred vision, experience some dizziness, nausea, dry mouth, restlessness, impaired coordination and concentration, and headache.

_____ I understand that some people experience nausea during or after the medicine session and that my prescriber will also prescribe an anti-nausea medicine that I will take an hour before my medicine session.

_____ I understand that my KAP provider does not prescribe ketamine or other medications. I will secure my prescription through a legal medical provider and will show proof of that prescription before proceeding with medicine sessions with my KAP provider.

_____ I understand that ketamine is a safe medicine, familiar to the medical community, and is being prescribed as an off-label use for mood. I have been cleared for use of this medicine by my prescriber and have discussed any medical concerns with them during my medical consultation.

_____ I understand that for any medicine sessions conducted live with my KAP provider, I will need to arrange safe transportation home and I will not be able to drive, walk, or take public transportation immediately after the medicine session.

_____ I understand that if I intend to do medicine sessions at home, I have signed an additional consent form outlining those requirements.

_____ I understand that if my KAP provider has offered therapeutic touch as part of the medicine session, I have signed an additional consent outlining those requirements.

_____ I understand that the use of ketamine is not a requirement of my psychotherapy work but rather a particular tool I am interested in exploring.

_____ I have been given sufficient opportunities to explore my questions and concerns regarding this treatment tool and do not feel rushed by the KAP provider to begin ketamine-assisted psychotherapy.

Client Name

Client Signature Date

Therapist Name

Therapist Signature Date