

IOWA KETAMINE SERVICES FLC

Focused Medical History - Please complete the focused medical history regarding your symptoms. Your complete medical history will be completed on the Power2Practice portal once you schedule your initial consultation.

Please describe when your symptoms began.

Was there an incident that started your symptoms? (accident, trauma, etc)

Please describe treatments you have previously tried for your symptoms. Please give approximate dates and rate the effectiveness of the treatment on a scale of 1 (no relief) to 10 (total relief).

If you have previously found other treatments to be helpful, why are you no longer receiving these?

Are you under the care of a psychiatrist, psychologist, or a pain specialist? If so, please list name and contact information.

Do you currently have a pain contract with a pain facility or physician?

Please describe how your symptoms impact your day-to-day functioning.

Have your symptoms caused problems with your:

Work? Please explain.

Relationships? Please explain.

School? Please explain.

Other responsibilities? Please explain.

Please list all medications you currently take, including ones you take “as needed” (PRN). Include dosages as well. If you are titrating up or down on medications, please indicate. (For example – I am taking Prozac, but my dosing has recently changed to....)

Please list any drug allergies and what reactions you had to each.

Please include any information you think Dr. Hodges needs to know to consider you for ketamine infusions.

