**KETAMINE TREATMENT CONSENT**

Please Initial Each Statement:

\_\_\_\_\_\_ At subanesthetic doses (doses below the amount necessary for general anesthesia), Ketamine is useful in the treatment of Major Depression and Chronic Pain Syndromes. Ketamine is an anesthetic agent.

\_\_\_\_\_\_ Use of Ketamine for the treatment of Major Depression is considered investigational by the Food and Drug Administration, although an FDA-approved medication for anesthesia.

\_\_\_\_\_\_According to the literature, Ketamine is efficient for Depression in about 70% of the cases and the effects typically last for about 2 weeks. Longer or shorter duration of action is possible. Like all medical treatments, understand that there is no guarantee Ketamine therapy, or any treatment modality, will be successful.

\_\_\_\_\_\_ Potential side effects from ketamine include dizziness, blurred vision, bad dreams, perceptual disturbances, confusion, elevations in blood pressure or heart rate, euphoria, fatigue, and nausea. These side effects mostly disappear after the treatment is complete.

\_\_\_\_\_\_There is a small, but not zero risk of habituation with Ketamine. No addiction issues have arisen in the many studies investigating ketamine for use in depression, and no issues have arisen in the many decades that ketamine has been used for anesthesia.

\_\_\_\_\_\_I have been explained thoroughly about the use of Ketamine for Major Depression or Chronic pain syndromes and I had the opportunity to ask all the relevant questions I felt necessary.

\_\_\_\_\_\_I voluntarily request Dr. James Igleburger, MD and/or his team at IglePSYCH, Inc. to administer Ketamine for the treatment of my condition.

\_\_\_\_\_\_ I understand that I can revoke this consent at any time including during treatment.

\_\_\_\_\_\_I understand that the duration of the initial treatments will be approximately two hours. Also, I understand I must have a ride and cannot drive for the rest of the day following the use of ketamine.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_