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|  |  | Progressive Psychiatry3955 E. Exposition, #100Denver, CO 80209Ph. 720-551-6830 Fax 769-235-0741 |

 **Contract for Ketamine at Home Use**

There are instances when ketamine might be useful for at home use. Given that ketamine is a controlled substance that is used off -label to treat many conditions, we request that you adhere to these guidelines when ketamine is prescribed for use outside of office:

\_\_\_\_\_ 1). I will take my at home ketamine dosages as prescribed and will not adjust dosage without consultation with Progressive Psychiatry. Ketamine is a medication which, like all medications is not free from risk. Ketamine is abused by some individuals who may become dependent on it. Ketamine abuse can cause serious long-term physical and cognitive effects. Generally, when used as prescribed and under medical supervision, ketamine is safe and well tolerated. If I find myself escalating my dosage, using it in ways for which it is not intended, or adulterating my ketamine to use via different administration routes, I will notify Progressive Psychiatry immediately.

\_\_\_\_\_ 2.) Prescribed medications are for my personal use and I will store my medications in a secure area, out of reach of children and where others cannot access.

\_\_\_\_\_ 3.) It is illegal to give controlled substances to others that have not been prescribed for their use. I understand this and will never allow others to take my medications.

\_\_\_\_\_ 4.) If medications are somehow lost or accidentally destroyed, no refills will be provided until they are next due.

\_\_\_\_\_ 5.) At home ketamine use has many potential benefits. However, I understand that when I take my ketamine outside of the office, I will ensure that I am in a comfortable, quiet place where I may not be disturbed for the duration of its effects. I will not drive for at least 12 hours after using my at home dosages. We recommend that you treat at home ketamine use like a ‘mini treatment’ and relax in a comfortable place with music, blankets, pillows, or/and other items that will add to a pleasant experience.

\_\_\_\_\_ 6.) I will notify Progressive Psychiatry if I have any unusual side effects or symptoms. Please alert us if you notice changes in your urinary habits such as increased urinary frequency, pain, burning with urination or any new and unusual symptoms.

\_\_\_\_\_ 7.) I will notify Progressive Psychiatry if my condition is deteriorating and if I experience any increased symptoms of my condition. If I feel suicidal and am unsafe, I will seek out all resources available, including calling our office, 911, Colorado Crisis Services (a 24-hour free psychiatric crisis and support line) at (844) 493-8255. I will also notify my treating physician and therapist as appropriate.

\_\_\_\_\_ 8.) Progressive Psychiatry makes every effort to optimize your treatment for the best outcomes. I understand that if I cannot adhere to this contract, ketamine for use outside of our office setting will no longer be provided.

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